APPLICANT COPY

Capital Health

Payment Requisition

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date March 31/05	Invoice Number 0215 ME
Vendor Number (or S.I.N.)	Vendor Name THE FACULTY CLUB
Address UNIVERSITY OF ALBERTA 11435 SASKATCHEWAN DRIVE	City EDMONTON
Province/State AB	Postal Code T6G 2G9 / Country

II PAYMENT DETAILS

Reason for payment March/05 Fees - A. Merali	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☒ No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes	☒ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	69600000	606.50	42.50	649.00

Capital Health RECEIVED APR 12 2005 ACCOUNTS PAYABLE

☒ Canadian ☐ U.S. ☐ Other TOTAL $ 606.50 $42.50 $ 649.00

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	A. T. CORRIGAN	Phone # -3652
(Signature)	J. Corrigan	Date April 8/05
Approved by *(Print name)*	A. MERALI	Phone # 3652
(Signature)	A Merali	Date Apr. 9/05
Approved by *(Print name)*		Phone # -
(Signature)		Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

The Faculty Club

APPLICANT COPY

University of Alberta
11435 Saskatchewan Drive
Edmonton, Alberta T6G 2G9

Statement of Account

BN # 108081795 RT

Phone: (780) 492-4231
Fax: (780) 492-4199
WWW: http://www.cs.ualberta.ca/~clubfac/

Mr. Allaudin Merali
V.P. Finance & Administration
C.H.A., 1J2 W.M.C.
University of Alberta

MEMBER NUMBER	STATEMENT DATE
8215ME	Mar 31/05
AMOUNT ENCLOSED	BALANCE DUE
	649.00

ANY CHARGES OR PAYMENTS MADE AFTER THE LAST DAY OF EACH MONTH WILL APPEAR ON YOUR NEXT STATEMENT

PLEASE RETURN THIS STUB WITH REMITTANCE

DATE	REFERENCE	DESCRIPTION	AMOUNT	SERVICE CHARGE	G.S.T.	TOTAL CHARGE
		Balance Forward - Scott Fielding, Cross Cancer				542.45
Mar 1/05	413719	Luncheon Buffet	32.50	0.00	2.28	34.78
Mar 2/05	416077	Lower Bar Night - Wendy Meeks	5.50	0.00	0.39	5.89
Mar 3/05	413789	Luncheon Buffet - Paul Soregaroli, Marguerite Rowe	67.00	0.00	4.69	71.69
Mar 7/05	413855	Dining Room - Edmonton CFO group	204.50	0.00	14.32	218.82
Mar 7/05	413858	Dining Room	15.00	0.00	1.05	16.05
Mar 7/05	416227	Lower Bar Night - late night work	5.50	0.00	0.39	5.89
Mar 8/05	413872	Luncheon Buffet - Gordon Edwards, Alice	48.75	0.00	3.41	52.16
Mar 9/05	416305	Lower Bar Night - Late night work	5.50	0.00	0.39	5.89
Mar18/05	418121	Luncheon Buffet - Western CFO group	97.50	0.00	6.83	104.33
Mar22/05	418196	Luncheon Buffet - Frank Work, Alice, George Body, Dennis	81.25	0.00	5.69	86.94
Mar23/05	416713	Lower Bar Night - Late night work	5.50	0.00	0.39	5.89
Mar29/05	394658	Upper Bar - Malcolm Johnson, Retirement	5.50	0.00	0.39	5.89
Mar30/05	418327	Luncheon Buffet - Shahid Mateo, Alberta	32.50	0.00	2.28	34.78
Mar16/05	32996	Payment Received - Thank You				-542.45

Account payments can be made through Internet or Telephone Banking (NOT AUTOMATED TELLERS) with most financial institutions.

BN # 108081795 RT ACCOUNTS DUE AND PAYABLE UPON RECEIPT OF STATEMENT	TOTALS	606.50	0.00	42.50	649.00

THE FACULTY CLUB AT THE UNIVERSITY OF ALBERTA, EDMONTON

CURRENT	30 DAYS	60 DAYS	90 DAYS	MEMBER NUMBER	TOTAL BALANCE DUE	649.00
649.00	0.00	0.00	0.00	8215ME		

UNLESS OBJECTION IS MADE IN RESPECT OF YOUR ACCOUNT OR THIS STATEMENT NOT LATER THAN 10 DAYS FROM THE DATE OF MAILING YOU SHALL BE DEEMED TO HAVE ACKNOWLEDGED THAT THE SAME ARE IN ALL RESPECTS TRUE AND CORRECT. THE OPENING BALANCE (WHICH IS THE CLOSING BALANCE OF THE PREVIOUS MONTH) LESS ANY PAYMENTS OR CREDITS APPEARING ON THE CURRENT STATEMENT WILL BE ASSESSED A MONTHLY SERVICE CHARGE OF 1 1/2% PER MONTH (18% PER YEAR).

APPLICANT COPY

Capital Health

Payment Requisition

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date	May 12/05	Invoice Number	105835
Vendor Number (or S.I.N.)		Vendor Name	HIMSS (HEALTHCARE INFORMATION MANAGEMENT SYSTEMS SOCIETY
Address	HIMSS MEMBERSHIP LOCKBOX 6901, DEPT. 77-6091	City	CHICAGO
Province/State	IL	Postal Code	60678-6901
		Country	USA

II PAYMENT DETAILS

Reason for payment 2005/06 Membership Renewal, A. Merali	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☑ Yes	☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	66020000	140.00		140.00

Capital Health RECEIVED JUN 01 2005 ACCOUNTS PAYABLE

☐ Canadian	☑ U.S.	☐ Other	TOTAL	$ 140.00 US	$ $ 140.00 US

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone #	3652
(Signature)	T. Corrigan	Date	May 31/05
Approved by *(Print name)*	A. MERALI	Phone #	3652
(Signature)	A Merali	Date	May 31/05
Approved by *(Print name)*		Phone #	
(Signature)		Date	

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
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2005-2006
HIMSS Membership
Renewal

APPLICANT COPY

Member ID# 9010372
Check #:
Date:
Membership Dues:
Foundation Contribution:

2005/2006 HIMSS Membership Renewal Invoice

Healthcare Information and Management Systems Society
Phone: 312/664-HIMSS (4467) Fax: 312/915-9209
www.himss.org
membership@himss.org

Allaudin Merali
VP, Finance and Administration
Capital Health Authority
1J2 WMC 8440 112 St

Edmonton, AB Canada T6G 2B7

Business Phone: 780-407-3652
Home Phone:
Bus. Fax: 780-407-7556
e-mail: amerali@cha.ab.ca

Member ID#: 9010372
Invoice #: 105835
Invoice Date: 5/12/2005
Join Date 1/1/2000

This is how your record will appear in the on-line directory. To make any changes to your address, go to http://www.himss.org/asp/member_login.asp

☐ **I prefer to receive my mail at my home address.**

Home Street Address:

City: State: Zip Code: Country:

Your primary Chapter is: No Chapter Affiliation

☐ **I prefer not to be contacted by sources other than HIMSS or HIMSS endorsed membership benefit providers.**

Payment for 2005/2006 Annual Membership Dues

Member ID#: 9010372

☑ **Check enclosed** *(Made Payable to HIMSS)*

Please charge to: ☐ Visa ☐ MC ☐ AMEX ☐ Discover

☑ **Please renew my dues for an additional year. (Expiration date will be June 30, 2007)**

Amount Due (US.$) $ 140.00

Extended membership through 07/01/2007 $

Credit Card Number:

Name on Credit Card: Expiration: /

Foundation Contribution $ 140.00

Cardholder's Signature:

Please indicate whether Foundation Contribution is paid by:

☐ Personal Check ☑ Organization Check

Membership in HIMSS is on an individual basis and is not transferable or refundable.

Grand Total $ 140.00

HIMSS membership dues are not deductible as a charitable contribution but may be deductible as a business expense. To the extent HIMSS engages in lobbying, 11.5% of dues are not deductible as a business xpense. Contributions to the HIMSS Foundation are deductible as a charitable contribution for federal income tax purposes to the extent provided by law. The HIMSS Foundation is an educational rganization exempt from taxation under 501(c) (3) code of the Internal Revenue Service. HIMSS Federal Tax ID Number: 36-3906745.

HIMSS regularly sends e-mails describing its products and services. By returning this form, you agree to allow HIMSS to send these promotional e-mails to you. You will have the opportunity o opt out of the e-mail list if you choose.

Return this form with your payment.
Mail to: HIMSS Membership, Lockbox 6901, Dept 77-6901, Chicago, IL 60678-6901

Phone# 312-664-4467
Fax# 312-915-9209
Email: membership@himss.org

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APPLICANT COPY

Capital Health

Payment Requisition

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)*	☑ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date: June 7/05	Invoice Number:		
Vendor Number (or S.I.N.):	Vendor Name: BUKSA ASSOCIATES INC.		
Address: HALIFAX 5 SYMPOSIUM SECRETARIAT BUKSA CONFERENCE & MANAGEMENT + PROGRAM DEV. SUITE 307, 10328-81 AVE NW	City: EDMONTON		
Province/State: AB	Postal Code: T6E 1X2	Country:	
II PAYMENT DETAILS			
Reason for payment: Conference Registration - A. Merali	PO #		
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☑ No		
If this is a contract payment, what is the contract date?	Number		
Have goods / services been received? ☐ Yes, When?	☐ No		
Are original attachments to be mailed with cheque? *(Note 2)* ☑ Yes	☐ No		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	61030000	600.00		600.00

☑ Canadian ☐ U.S. ☐ Other **TOTAL** $ 600.00 $ $ 600.00

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone # 3652
(Signature)	T. Corrigan	Date June 7/05
Approved by *(Print name)*	A. MERALI	Phone # 3652
(Signature)	Merali	Date June 9/05
Approved by *(Print name)*		Phone # -
(Signature)		Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
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THE CANADIAN HEALTHCARE SAFETY SYMPOSIUM

OCTOBER 20-22, 2005 / CALGARY / ALBERTA

REGISTRATION FORM

TO REGISTER

Online: www.buksa.com/halifax5

Fax: 780.437.5984

Mail: Halifax 5 Symposium Secretariat
BUKSA Conference Management and Program Development
Suite 307, 10328 – 81 Avenue NW
Edmonton, Alberta T6E 1X2

The meeting organizers are preparing a list of speakers and registrants at the Symposium. This list includes name, position and organization. This list will be distributed in the registration kits. Do you consent to having your name on this list? **If you do not complete this section your name WILL appear on the list.**

☑ Yes ☐ No

1. CONTACT INFORMATION

☑ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Other:

Last Name: MERALI

First Name: ALLAUDIN

Occupation: EXEC. VICE PRESIDENT & CFO

Organization: CAPITAL HEALTH

Address: 1J2 WMC, 8440-112 ST.

City: EDMONTON

Province: AB

Postal Code: T6G 2B7

Telephone: (780) 407-3652

Fax: (780) 407-7556

Email: amerali@cha.ab.ca

Please identify special needs (dietary restrictions, allergies, physical disabilities):

s.17(1), 17(4)(g)(i)

2. REGISTRATION

Early Bird Fee: available up to and including July 15, 2005	$600 + GST = $642.00
Regular Registration Fee: after July 15, 2005	$700 + GST = $749.00
Post-graduate Student*	$150 + GST = $160.50
Undergraduate Student*	$150 + GST = $160.50

Area of study for Student:

** Written confirmation of student status is required.*

TOTAL FEES INCLUDED: $ 600.00

☑ GST Exempt: Please attach GST exemption letter to form.

R124072513

3. CONFERENCE PAYMENT

☑ Cheque or money order enclosed, made payable to BUKSA Associates Inc.

☐ Invoice

☐ Visa ☐ MasterCard

Card Number:

Expiry Date (mm/yy):

Cardholder's Name:

Signature:

By signing, I authorize registration payment on my credit card.

Note: If you pay by credit card, your statement will read "Buksa Assoc. (780) 436-0983 Edm"

4. ACCOMMODATION THE WESTIN CALGARY

☐ No accommodation required

☐ Accommodation required

Check In Date:

Check Out Date:

☐ Traditional Room: Main Building / Single or Double Occupancy* $153 + taxes per night

☐ Deluxe Room: Tower Building / Single or Double Occupancy* $183 + taxes per night

** Triple/Quad Occupancy is subject to a $20 per person, per night charge.*

Total number of people in room:

Room Preferences (subject to availability):

☐ One Bed ☐ Smoking
☐ Two Beds ☐ Non-Smoking

Special Requests:

All rooms must be guaranteed with a major credit card.

☐ Please guarantee my room(s) with the credit card information in Section 3.

☐ Please guarantee my room(s) with the credit card information below.

☐ Visa ☐ MasterCard ☐ AMEX

Card Number:

Expiry Date (mm/yy):

Cardholder's Name:

Signature:

By signing, I authorize the use of my credit card for reservation purposes.

REGISTRATION

REGISTRATION & ACCOMMODATION

TO REGISTER

You may register for the Halifax 5 Symposium by using the attached registration form. You can also find the online form at www.buksa.com/halifax5.

Submitting Your Registration

You may submit your registration form in one of the following three ways:



Online:
www.buksa.com/halifax5



Fax:
780.437.5984



Mail:
Halifax 5 Symposium Secretariat
BUKSA Conference Management
and Program Development
Suite 307, 10328 – 81 Avenue NW
Edmonton, Alberta T6E 1X2

Registration Fees

Early Bird Fee (up to and including July 15, 2005)	$600.00 + GST
Regular Fee (after July 15, 2005)	$700.00 + GST
Postgraduate Students*	$150.00 + GST
Undergraduate Students *	$150.00 + GST

* Students in a related discipline are eligible to receive a subsidy on registration fees only, through a grant provided by the Health Quality Council of Alberta. A limited number of subsidies are available, so register early! Provide a photocopy of your student ID, and indicate your area of study on the registration form.

Space is limited and you are encouraged to register early as the Symposium sold out by the early bird deadline last year.

Registration Policies

1. A confirmation notice of your registration will be sent to you within 10 business days of receipt of your completed registration form and full payment. If you do not receive your confirmation within this time, please contact the Symposium Secretariat.
2. Receipts will be sent to you if your registration is received by September 30, 2005. Receipts for registrations received after September 30, 2005 will be given to you in your delegate package at the Symposium.
3. Delegate registrations will be accepted up to October 11, 2005. Registrations received after October 11, 2005 will be accepted only on-site at The Westin Calgary, on a space-availability basis.
4. Delegate substitutions may be made up until October 11, 2005 or on-site and must be made in writing to the Symposium Secretariat.
5. Make cheques payable to BUKSA Associates.
6. Notice of cancellation must be made in writing to the Symposium Secretariat. A $100.00 (plus GST) cancellation fee will apply for registrations cancelled up to September 30, 2005. No refunds for registration fees will be issued after this point.
7. A $20.00 charge will be assessed for NSF cheques.

For Registration Information

Halifax 5 Symposium Secretariat
BUKSA Conference Management
and Program Development
Phone: 780.436.0983 Ext. 231
Fax: 780.437.5984
halifax5@buksa.com
www.buksa.com/halifax5

Capital Health

APPLICANT COPY

Payment Requisition

Capital Health
Director, Accounting Services
Accounting Services
1100 Harley Court
10045-111 St
Edmonton, Alberta T5K 2M5

JUL 19 2005

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date	July 18/05	Invoice Number	
Vendor Number (or S.I.N.)		Vendor Name	MIT SLOAN MANAGEMENT REVIEW
Address	P.O. Box 55254,	City	BOULDER
Province/State	CO	Postal Code	80322
		Country	USA

II PAYMENT DETAILS

Reason for payment	Subscription Renewal.	PO #	
Is this a contract payment?	☐ Yes *(Attach copy of contract if not previously forwarded)*	☑ No	
If this is a contract payment, what is the contract date?		Number	
Have goods / services been received?	☐ Yes, When?	☐ No	
Are original attachments to be mailed with cheque? *(Note 2)*	☑ Yes	☐ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	66040000	99.00		99.00

Capital Health RECEIVED JUL 19 2005 ACCOUNTS PAYABLE

☐ Canadian	☑ U.S.	☐ Other	TOTAL	$ 99.00 US	$ $ 99.00 US

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone #	-3652
(Signature)	J. Corrigan	Date	July 18/05
Approved by *(Print name)*	A. MERALI	Phone #	- 3652
(Signature)	Allaudin Merali	Date	July 18/05
Approved by *(Print name)*		Phone #	-
(Signature)		Date	

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
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2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

DV-CN-R3

Renewal Notice

YES! Please renew my subscription:

- ☒ One Year US $99
- ☐ Two Yrs US $188 -- **Save $10**
- ☐ Three Yrs US $277 -- **Save $20**

- ☑ Payment enclosed
- ☐ Please Bill Me

MITSloan Management Review

P.O. Box 55254, Boulder CO 80322 U.S.A
Phone 1-800-876-5764 * Fax: 303-604-7786 * www.sloanreview.mit.edu

FAL05

ALLAUDIN MERALI
CAPITAL HEALTH AU
8440 112 ST 1J2 WMC
EDMONTON AB CAN T6G 2B7

MXP

3CR

111424 MRA 84401094 1KB3 7X 1 DV

APPLICANT COPY



MITSloan Management Review

P.O. Box 55254, Boulder CO 80322 U.S.A
Phone 1-800-876-5764 * Fax: 303-604-7786 * www.sloanreview.mit.edu.

Renewal Notice

YES! Please renew my subscription:

- ☑ One Year US $99
- ☐ Two Yrs US $188 -- **Save $10**
- ☐ Three Yrs US $277 -- **Save $20**

ALLAUDIN MERALI FAL05
B CAPITAL HEALTH AU
8440 112 ST 1J2 WMC MXP
EDMONTON AB CAN T6G 2B7

☑ Payment enclosed
☐ Please Bill Me

3CR

111424 MRA 84401094 1KB3 7X 1 DV

Place Stamp Here



MIT Sloan Management Review
P.O. BOX 55254
Boulder CO 80322-5254

APPLICANT COPY

Capital Health

Payment Requisition

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)*	☑ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date: Aug. 24/05	Invoice Number:		
Vendor Number (or S.I.N.):	Vendor Name: BUKSA ASSOCIATES		
Address: #307, 10328-81 AVE, NW	City: EDMONTON		
Province/State: AB	Postal Code: T6E 1X2	Country:	

II PAYMENT DETAILS

Reason for payment: Registration - A. Merali - Chronic Disease Management PO#

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ No

If this is a contract payment, what is the contract date? Number

Have goods / services been received? ☐ Yes, When? ☐ No

Are original attachments to be mailed with cheque? *(Note 2)* ☑ Yes ☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	61030000	650.00		650.00

AUG 25 2005
ACCOUNTS PAYABLE

☑ Canadian	☐ U.S.	☐ Other	TOTAL	$ 650.00	$	$ 650.00

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* T. CORRIGAN		Phone # -3652
(Signature) J. Corrigan		Date Aug 23/05
Approved by *(Print name)* A. MERALI		Phone # 3652
(Signature) A. Merali		Date Aug 25/05
Approved by *(Print name)*		Phone #
(Signature)		Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
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Global Perspectives on

Chronic Disease Management Online Registration

The Calgary Conference 2005

Full Registration Early Bird registration has expired.

Includes all conference materials, access to all conference sessions including the public session, Monday Welcome Reception, three breakfasts (including Western Breakfast), all refreshment breaks, two lunches and the Wednesday Gala Dinner

- (•) Regular Registration ($650.00)
- ( ) Student Registration ($350.00)
- ( ) Daily Registration

Daily Registration

Includes all conference materials provided on that day, access to all conference sessions, breakfast, all refreshment breaks, and lunch (including Western Breakfast but no lunch on Thursday). Wednesday's one day fee, both student and regular, includes one ticket to the Wednesday Gala Dinner.

- [ ] Regular - Tuesday, September 27 ($300.00)
- [ ] Regular - Wednesday, September 28 ($300.00)
- [ ] Regular - Thursday, September 29 ($300.00)
- [ ] Student - Tuesday, September 27 ($150.00)
- [ ] Student - Wednesday, September 28 ($150.00)
- [ ] Student - Thursday, September 29 ($150.00)

Guest Ticket Registration

Additions to your conference registration	Quantity
[ ] Welcome Reception, September 26 ($15.00)	0
[ ] Gala Dinner, September 28 ($75.00)	0
[ ] Western Breakfast, September 29 ($25.00)	0

Current cost of selected items - All funds in Canadian Dollars **Order Total:** $650.00

Contact Information

Title: ( ) Dr. (•) Mr. ( ) Mrs. ( ) Ms. ( ) Other

Email:	amerali@cha.ab.ca	Confirm Email:	amerali@cha.ab.ca
First Name:	Allaudin	Last Name:	Merali
Organization:	Capital Health	Position:	Exec VP & CFO
Business Phone:	780-407-3652	Fax:	780-407-7556
City / Town:	Edmonton	Province / State:	AB
Country:	Canada	Postal Code:	T6G 2B7

Address: 1J2. WMC, 8440-112 Street

Special Needs:

s.17(1), 17(4)(g)(i)

Credit Card Information

Method Of Payment: ○ Visa ○ MasterCard ○ American Express ◉ Cheque

Cheque payable to: "BUKSA Associates" - #307, 10328, 81 Ave NW, Edmonton, AB T6E 1X2

Card Number: Expiry Date: MM / YY

Name On Card: Order Total: $650.00

Registration Questions

A. Which of the following conference themes for concurrent sessions would you be interested in attending? (please check two)

- ☐ Delivery System Design
- ☑ Decision Support
- ☑ Partnerships and Public Policies
- ☐ Disease and Self-Management

B. Please indicate which of the following best describes your current occupation:

- ○ Physician
- ○ Allied Health Professional
- ○ Nursing
- ◉ Health Administration/Planning
- ○ Health Research
- ○ Student
- ○ Other

C. Host Committee is preparing a list of delegates to be provided to the sponsors upon the conclusion of the Conference. The list will include your name, mailing address and email address. Do you consent to having your information included on this list? If you do not complete this section, your information will automatically be included on this list.

◉ Yes ○ No

Reset | Proceed to Personal Information Confirmation

Corrigan, Trudy

From: cdm@buksa.com
Sent: Wednesday, August 24, 2005 11:07 AM
To: Merali, Allaudin
Subject: CDM Registration Confirmation

Global Perspectives on
Chronic Disease Management
The Calgary Conference 2005

CDM Registration Confirmation

Dear Mr. Merali,

Thank you for registering for Global Perspectives on Chronic Disease Management: The Calgary Conference 2005. Your registration confirmation and receipt will be emailed within 5 business days. If you do not receive confirmation within this time please contact BUKSA Associates Inc.

If you have any questions or concerns please contact BUKSA Associates inc. at cdm@buksa.com (or just reply to this message) or (780) 436-0983, extension 231.

Your Registration Information:

Your online registration number is: CDMON441

Thank you again

Mark your calendar...
Global Perspectives on Chronic Disease Management: The Calgary Conference 2005
September 26 to 29, 2005
Calgary Hyatt Regency Hotel

BUKSA Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW
Edmonton, Alberta T6E 1X2
Phone: (780) 436-0983 ext. 231
Fax: (780) 437-5984
Email: cdm@buksa.com
www.buksa.com

This communication is intended solely for the addressee and may contain confidential, personal and/or privileged information. Access to this email by anyone else is unauthorized. If you are not the intended recipient, it is prohibited to copy, disclose, distribute, or take action on the communication.

If it has been received in error, please contact BUKSA Associates Inc., delete and/or destroy the communication.

BUKSA Associates Inc. is a Leader in Strategic Conference Management Services in Health Care.

Sent by Chronic Diseae Management Calgary Conference 2005 AutoMailer

Global Perspectives on
Chronic Disease Management Online Registration
The Calgary Conference 2005

Registration Complete

Thank you for your registration for Global Perspectives on Chronic Disease Management: The Calgary Conference 2005. Your registration confirmation and receipt will be emailed to you within 5 business days. If you do not receive confirmation within this time please contact the Conference Secretariat.

Your credit card statement will read "Buksa Assoc. (780) 436-0983 Edm."

If you have any questions or concerns please contact the Conference Secretariat by email: cdm@buksa.com or by phone: (780) 436-0983 x 231.

Return to the Conference Website

APPLICANT COPY

Payment Requisition

Capital Health

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date	Sept 30/05	Invoice Number	8215 ME
Vendor Number (or S.I.N.)		Vendor Name	THE FACULTY CLUB
Address	UNIVERSITY OF ALBERTA 11435 SASKATCHEWAN DRIVE	City	EDMONTON
Province/State	AB	Postal Code	T6G 2G9
		Country	

II PAYMENT DETAILS

Reason for payment Sept/05 Billing - A. Merali	PO #

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ No

If this is a contract payment, what is the contract date? | Number

Have goods / services been received? ☐ Yes, When? ☑ No

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	69600000	348.50	24.41	372.91

Capital Health RECEIVED OCT 12 2005 ACCOUNTS PAYABLE

☑ Canadian	☐ U.S.	☐ Other	TOTAL	$ 348.50	$ 24.41	$ 372.91

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone #	- 3652
(Signature)	T. Corrigan	Date	Oct. 11/05
Approved by *(Print name)*	A. MERALI	Phone #	- 3652
(Signature)		Date	Oct 12/05
Approved by *(Print name)*		Phone #	-
(Signature)		Date	

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
4) Incomplete/improperly authorized payment requisitions will be returned without processing

The Faculty Club

APPLICANT COPY

University of Alberta
11435 Saskatchewan Drive
Edmonton, Alberta T6G 2G9

Statement of Account

BN # 108081795 RT

CAPITAL HEALTH AUTHORITY VICE PRESIDENT CLINICAL ADMIN.

Phone: (780) 492-4231
Fax: (780) 492-4199
WWW: http://www.cs.ualberta.ca/~clubfac/

OCT 1 1 2005

Mr. Allaudin Merali
V.P. Finance & Administration
C.H.A., 1J2 W.M.C.
University of Alberta

MEMBER NUMBER	STATEMENT DATE
8215ME	Sep 30/05
AMOUNT ENCLOSED	BALANCE DUE
	372.91

ANY CHARGES OR PAYMENTS MADE AFTER THE LAST DAY OF EACH MONTH WILL APPEAR ON YOUR NEXT STATEMENT

PLEASE RETURN THIS STUB WITH REMITTANCE

DATE	REFERENCE	DESCRIPTION	AMOUNT	SERVICE CHARGE	G.S.T.	TOTAL CHARGE
		Balance Forward				196.37
Sep12/05	440501	Lower Bar Night	5.50	0.00	0.39	5.89
Sep15/05	432191	Upper Bar - Co-Op Student Reception	276.00	0.00	19.32	295.32
Sep16/05	438634	Luncheon Buffet - Janice Ronne, EPCOR	33.50	0.00	2.35	35.85
Sep19/05	438676	Luncheon Buffet Carl Amrine, UAH	33.50	0.00	2.35	35.85
Sep23/05	35124	Payment Received - Thank You				-196.37

Account payments can be made through Internet or Telephone Banking (NOT AUTOMATED TELLERS) with most financial institutions.

BN # 108081795 RT ACCOUNTS DUE AND PAYABLE UPON RECEIPT OF STATEMENT	TOTALS	348.50	0.00	24.41	372.91

THE FACULTY CLUB AT THE UNIVERSITY OF ALBERTA, EDMONTON

CURRENT	30 DAYS	60 DAYS	90 DAYS	MEMBER NUMBER	TOTAL BALANCE DUE	372.91
372.91	0.00	0.00	0.00	8215ME		

UNLESS OBJECTION IS MADE IN RESPECT OF YOUR ACCOUNT OR THIS STATEMENT NOT LATER THAN 10 DAYS FROM THE DATE OF MAILING YOU SHALL BE DEEMED TO HAVE ACKNOWLEDGED THAT THE SAME ARE IN ALL RESPECTS TRUE AND CORRECT. THE OPENING BALANCE (WHICH IS THE CLOSING BALANCE OF THE PREVIOUS MONTH) LESS ANY PAYMENTS OR CREDITS APPEARING ON THE CURRENT STATEMENT WILL BE ASSESSED A MONTHLY SERVICE CHARGE OF 1 1/2% PER MONTH (18% PER YEAR).

CHECK NUMBER
432191

THE FACULTY CLUB

OF THE UNIVERSITY OF ALBERTA
EDMONTON

PH.: 492-4231 FAX: 492-4199

DATE Sept 15/05

ACCOUNT NUMBER	CASH	CHARGE
82 15 ME		

PRINTED NAME
ROYAL ALEX Co-op Rec. / DR. HERALD

MEMBER'S SIGNATURE

MEMBER'S RECEIPT - PLEASE KEEP TOP COPY

QUAN.	ITEM	CODE	PRICE	TOTAL
1	Combo Platter	4		150 00
1	Fruit Tray	4		50 00
5	Beer	2	4 00	20 00
8	Wine	3	5 50	44 00
8	Pop	1	1 50	12 00
			SUB TOTAL	276 00
			G.S.T.	19 32
			TOTAL	295 32

NO. SERVED | SERVER | G.S.T. REGISTRATION NO. R108081795

APPLICANT COPY

Payment Requisition

Capital Health

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date	Nov. 8/05	Invoice Number	0169
Vendor Number (or S.I.N.)		Vendor Name	THE BUTLER DID IT
Address	10231 - 130 STREET	City	
Province/State	EDMONTON	Postal Code	AB
Country	T5N 1X4		

II PAYMENT DETAILS

Reason for payment: Executive Function - Nov 8/05 PO# ~~w.i.t. helping Minister~~

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ ~~No~~

If this is a contract payment, what is the contract date? Number

Have goods / services been received? ☑ ~~Yes~~, When? ☐ No

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☑ ~~No~~

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	7111500006	69600000	300.00	21.00	321.00

Capital Health RECEIVED DEC 01 2005 ACCOUNTS PAYABLE

☑ Canadian ☐ U.S. ☐ Other **TOTAL** $ 300.00 $ 21.00 $ 321.00

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone #	3652
(Signature)	T. Corrigan	Date	Nov 30/05
Approved by *(Print name)*	A. MERALI	Phone #	3652
(Signature)	A Merali	Date	Dec 1/05
Approved by *(Print name)*		Phone #	
(Signature)		Date	

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

Invoice Dec 2/05

The Butler Did It. To Set-up

10231 - 130 St.
T5N - 1X4

ORDER NO. 0169. DEPT. DATE Nov. 8th '05

SOLD TO CAPITAL HEALTH SHIP TO The Butler Did It.

ADDRESS ADDRESS

SHIPPING DATE VIA TERMS Due upon receipt TAX REG. NO. 13859-9923-RT0001 SALESPERSON

re: Dr. Merali dinner
2 Butlers Required.

Mariana 5 hrs @ $30/hr 150.00

Chris 5 hrs @ $30/hr 150.00

CAPITAL HEALTH - [illegible]
VICE PRESIDENT [illegible]
NOV 30 2005

$300.00
GST $ 21.00
PST
TOTAL $ 321.00

562357

SIGNATURE LIC.NO

SALES ORDER

Shadow DC151

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date ***14-Feb-06*** *(DD-MMM-YY)*	Invoice Number	
Vendor Number (or S.I.N.)	Payee Name ***Edmonton Chamber Of Commerce***	
Address ***700, 9990 Jasper Avenue***		City ***Edmonton***
Province/State ***AB***	Postal Code ***T5J 1P7***	Country

II PAYMENT DETAILS

Reason for payment **Tickets (10) 2006 State of the City Address Luncheon**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☒ No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When? ☐ No	
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***69500000***	***$500.00***		***$500.00***

Capital Health RECEIVED FEB 16 2006 ACCOUNTS PAYABLE

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$500.00***		***$500.00***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***14-Feb-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature)	Date Feb. 15/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

EDMONTON CHAMBER OF COMMERCE

CHAMBER EVENTS 2006

The Edmonton Chamber of Commerce presents



2006 State of the City Address Luncheon

Featuring:

Mayor Stephen Mandel

Thursday, April 27, 2006

Sponsored by:

CAPITAL CITY SAVINGS

Shaw Conference Centre
9997 Jasper Avenue
11:30 am - 1:30 pm

Tickets:
$50 Members, $60 Non-Members, GST Included

Tables of ten available

Enter a draw to win a trip for two to Los Angeles compliments of Air Canada and Edmonton Airports

AIR CANADA

Edmonton AIRPORTS

Name(s): ALLAUDIN MERALI

Company: CAPITAL HEALTH

Address: 1J2 WMC, 8440-112 ST EDMONTON Postal Code: T6G 2B7

Phone: 407-3652 Fax: 407-7556 E-mail: ameraliecha.ab.ca *(For event communications only)*

Method of payment: Cheque ☑ Visa ☐ MasterCard ☐ AMEX ☐ Diners/enRoute ☐ *Invoice - ECC Members only subject to approval)*

Credit Card #: _____ Expiry Date: _____ Signature: _____

No. of Tickets: 10 - 1 table Total: $ 500.00

To register please fax this form back to 424-7946.

Please make cheques payable to the Edmonton Chamber of Commerce: 700, 9990 Jasper Avenue, World Trade Centre Edmonton, Edmonton AB T5J 1P7 Tel: (780) 426-4620 GST#R107282196. 48-hour cancellation policy in effect. Cancellations must be faxed in. Phone cancellations will not be accepted.

Tickets ordered less than one week prior to event will be held at the door. If you do not receive your tickets 3 days before the event, please call Jessie at 426-4620.

V6987

APPLICANT COPY

Capital Health

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date ***3-Mar-06*** *(DD-MMM-YY)*	Invoice Number	
Vendor Number (or S.I.N.) 7025	Payee Name ***Northern Alberta Chapter, Cchse***	
Address ***C/O Tina Polej, 3104-104 Avenue***		City ***Edmonotn***
Province/State ***AB***	Postal Code ***T5W OW9***	Country

II PAYMENT DETAILS

Reason for payment **Registration for A. Merali - for March 13/06 Power Breakfast**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☑ No
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***69500000***	***$20.00***		***$20.00***

Capital Health RECEIVED MAR 0 6 2006 ACCOUNTS PAYABLE

☒ Canadian ☐ U.S. ☐ Other	TOTAL	***$20.00***			***$20.00***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***3-Mar-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date March 4/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

April 2005

APPLICANT COPY

CCHSE NAC Power Breakfast – *March13, 2006*
Guest Speaker: *Dave Hancock*

MAINTENANCE OF CERTIFICATION

Attendance at this event entitles certified Canadian College of Health Service Executives members (CHE / FCCHSE) to 1.0 Category 1 MOC credits toward their maintenance of certification requirement.

Name: ALLAWON MERALI

Position: EXEC. VP + CFO

Organization: CAPITAL HEALTH

Mailing Address: 1J2 WMC, 8440-112 ST.

City: EDMONTON AB

Postal Code: T6G 2B7

Tel: (780) 407-3652

Fax: (780) 407-7556

E-mail: ameralie cha.ab.ca

Please indicate: College member ☑ Non-member ☐

Fees:		
	Members	$20.00
	Non-Members	$30.00
	Students-Member	$10.00
	Student-Non-Member	$15.00

Please indicate payment:

Pay at the door ☐ Pay on website ☐ Mail payment ☑ Already paid by _____

If you are paying by cheque or cash, please **complete & e-mail** this form to nac_cchse@telus.net (or **fax** to (780) 471-4880)

Forward your cheque (payable to **Northern Alberta Chapter, CCHSE**) to:
Tina Polej, 3104-104 AVE, Edmonton, AB T5W 0A9

To pay with credit card, please visit the below website:
http://www.cchse.org/Chapters/Northern%20Alberta/events.stm

Registration Deadline – WEDNESDAY. MARCH 8, 2006

Canadian College of Health Service Executives
Collège canadien des directeurs de services de santé

APPLICANT COPY

Capital Health

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***16-Mar-06*** *(DD-MMM-YY)*	Invoice Number		
Vendor Number (or S.I.N.)	Payee Name ***E-Health Conference 2006***		
Address ***1304-2 Carlton Street***		City ***Toronto***	
Province/State ***ON***	Postal Code ***M5B 1J3***	Country	

II PAYMENT DETAILS		
Reason for payment **Registration COACH Conference - Allaudin Merali**		PO #
Is this a contract payment?	☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received?	☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)*	☒ Yes	☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***61030000***	***$875.00***	***$61.25***	***$936.25***

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$875.00***	***$61.25***	***$936.25***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corriga	Date ***16-Mar-06***
Approved by *(Print name)* ***Allaudin Merali***		Phone # ***407-3652***
	(Signature) Allaudin Merali	Date March 16/06
Approved by *(Print name)*		Phone #
	(Signature)	Date March 26/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

e-Health Conference 2006
1304-2 Carlton Street
Toronto ON M5B 1J3
TEL:416-979-3423
Fax:416-979-1144
E-Mail:info@e-healthconference.com
Website:www.e-healthconference.com

Quote #ORD5933

Conference Registration Fees

BILL TO:	ALLAUDIN MERALI (8543) EXECUTIVE VICE PRESIDENT & CFO CAPITAL HEALTH 1J2 WMC, 8440-112 STREET EDMONTON AB T6G 2B7	**SHIP TO:**	Same
DATE ENTERED:	03/16/2006	**SHIPPING TYPE:**	None
ENTERED BY:	Allaudin Merali	**SHIP DATE & CONFIRM#:**	

ORDER DETAILS

CODE	DESCRIPTION	QTY	PRICE	DISC	TAX	AMOUNT
PRC24664	Full Conference: Member - Early Bird	1	$875.00	$0.00	GST	$875.00

GST/TPS Reg #12450 1529 RT0001
PST/TVP Reg #

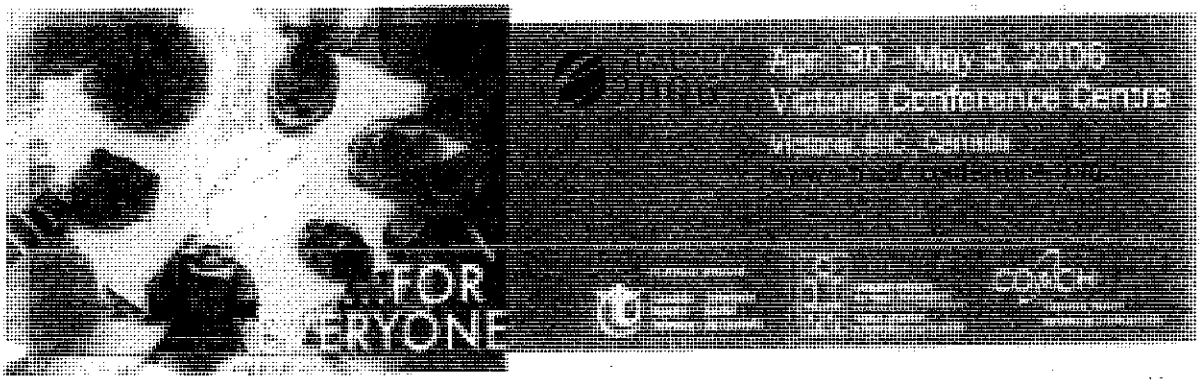
Subtotal:	$875.00
GST/HST:	$61.25
PST:	$0.00
Payments:	$0.00
BALANCE DUE:	**$936.25**

To qualify for the advanced rate, the registration form and payment must be received in full by mail, fax, e-mail, or online no later than March 31, 2006. Registrations received after March 31, 2006 will be processed at the regular fee.

Cancellations must be received in writing by fax, mail or email no later than April 14, 2006. Cancellations received by this time will be refunded the conference registration fee less a $50.00 [plus GST] administration fee. Cancellations received after April 14, 2006 will not be refunded. Delegates may substitute an alternate attendee.

Membership in COACH is individual and is non-transferrable. The membership rate cannot be extended to other staff members within an organization.

REGISTRATION IS NOW OPEN FOR THE 2006 E-HEALTH CONFERENCE.





GATEWAY LOGI
Username
Password
LOG IN NOW

COACH: CANADA'S HEALTH INFORMATICS ASSOCIATION



Dedicated to promoting a clear understanding of health informatics within the Canadian health system through education, information, networking and communication

membership information

HEALTH 2006

COACH PATRON

CGI

CGI Group Inc.

Quick Links

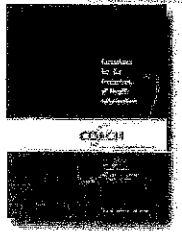
- Candidate Profiles (Members Only)
- e-Health Conference
- Nominations and Elections (Members Only)
- Patron Program
- Strategic Plan 2005-2008 (Members Only)
- General Information About COACH
- Position Posting Service (Members Only)

COACH News

- **E-HEALTH CONFERENCE 2006**

  Mark your calendars now for e-Health 2006 e ... FOR EVERYONE. More information here...

COACH: 2004 GUIDELI



DOES YOUR TEAM

HEALTH INFORMATICS MANAGEMENT CANADA

APPLICANT COPY

Capital Health

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date ***16-Mar-06*** *(DD-MMM-YY)*	Invoice Number
Vendor Number (or S.I.N.)	Payee Name ***E-Health Conference 2006***
Address ***1304-2 Carlton Street***	City ***Toronto***
Province/State ***ON***	Postal Code ***M5B 1J3*** / Country

II PAYMENT DETAILS

Reason for payment **Registration COACH Conference - Allaudin Merali**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☒ No	
If this is a contract payment, what is the contract date?	Number
Have goods / services ...eived? ☐ Yes, When? ☐ No	
Are original attachmer... ☒ Yes ☐ No	

Trudy to Sheila
for ... Signature
this needs a
Quick pay - they
need before March 31/06
Thanks
Trudy

III EXPENSE COD... *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***$875.00***	***$61.25***	***$936.25***
		OTAL ***$875.00***	***$61.25***	***$936.25***

☒ Canadian ☐ U.S. ☐ Other

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***16-Mar-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) Allaudin Merali	Date March 16/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY Site: E-Health 2006

Capital Health

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I **PAYEE INFORMATION** *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***16-Mar-06*** *(DD-MMM-YY)*	Invoice Number ORD5933		
Vendor Number (or S.I.N.) 87771	Payee Name ***E-Health Conference 2006***		
Address ***1304-2 Carlton Street***		City ***Toronto***	
Province/State ***ON***	Postal Code ***M5B 1J3***	Country	
II **PAYMENT DETAILS**			
Reason for payment **Registration COACH Conference - Allaudin Merali**		PO #	
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No	
If this is a contract payment, what is the contract date?		Number	
Have goods / services been received? ☐ Yes, When?		☐ No	
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No			

III **EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)** *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***61030000***	***$875.00***	***$61.25***	***$936.25***

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$875.00***	***$61.25***	***$936.25***

IV **AUTHORIZATION**

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***16-Mar-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) Allaudin Merali	Date March 16/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

Site: E-Health 2006

Capital Health

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***16-Mar-06*** *(DD-MMM-YY)*	Invoice Number ORD5933		
Vendor Number (or S.I.N.) 87771	Payee Name ***E-Health Conference 2006***		
Address ***1304-2 Carlton Street***		City ***Toronto***	
Province/State ***ON***	Postal Code ***M5B 1J3***	Country	

II PAYMENT DETAILS		
Reason for payment **Registration COACH Conference - Allaudin Merali**		PO #
Is this a contract payment?	☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received?	☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)*	☒ Yes	☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***61030000***	***$875.00***	***$61.25***	***$936.25***

Trudy to send fax later with Sheila's signature..

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$875.00***	***$61.25***	***$936.25***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***16-Mar-06***
Approved by *(Print name)* ***Allaudin Merali***		Phone # ***407-3652***
	(Signature) Allaudin Merali	Date March 16/06
Approved by *(Print name)*		Phone #
	(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Corrigan, Trudy

From: e-Health Conference 2006 [info@e-healthconference.com]
Sent: Thursday, March 16, 2006 7:12 AM
To: Merali, Allaudin
Subject: e-Health Conference 2006 Invoice - Order#5933

e-Health Conference 2006
1304-2 Carlton Street
Toronto ON M5B 1J3
TEL:416-979-3423
Fax:416-979-1144
E-Mail:info@e-healthconference.com
Website:www.e-healthconference.com

Quote #ORD5933

Conference Registration Fees

BILL TO:	ALLAUDIN MERALI (8543) EXECUTIVE VICE PRESIDENT & CFO CAPITAL HEALTH 1J2 WMC, 8440-112 STREET EDMONTON AB T6G 2B7	**SHIP TO:**	Same
DATE ENTERED:	03/16/2006	**SHIPPING TYPE:**	None
ENTERED BY:	Allaudin Merali	**SHIP DATE & CONFIRM#:**	

ORDER DETAILS

CODE	DESCRIPTION	QTY	PRICE	DISC	TAX	AMOUNT
RC24664	Full Conference: Member - Early Bird	1	$875.00	$0.00	GST	$875.00

GST/TPS Reg #12450 1529 RT0001
PST/TVP Reg #

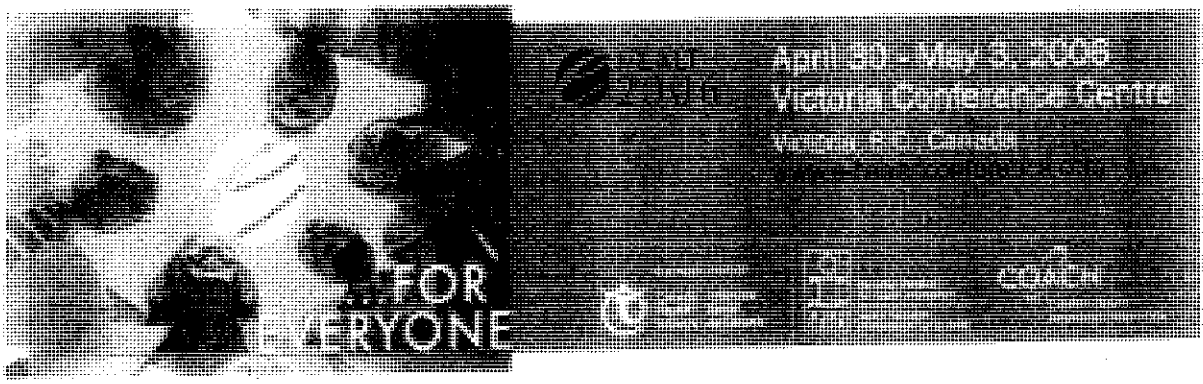
Subtotal:	$875.00
GST/HST:	$61.25
PST:	$0.00
Payments:	$0.00
BALANCE DUE:	**$936.25**

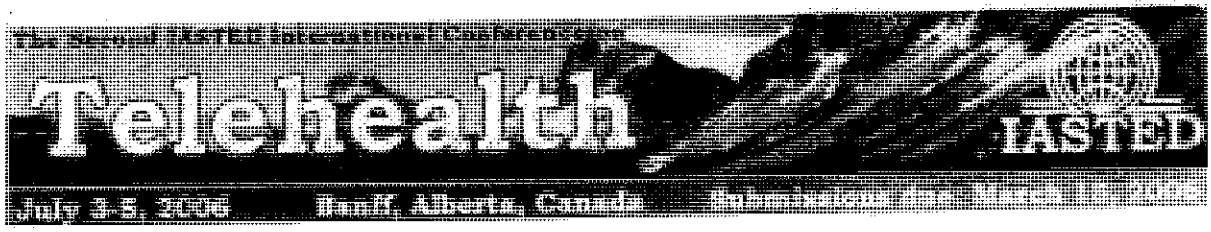
o qualify for the advanced rate, the registration form and payment must be received in full by mail, ıx, e-mail, or online no later than March 31, 2006. Registrations received after March 31, 2006 will be ·ocessed at the regular fee.

ıncellations must be received in writing by fax, mail or email no later an April 14, 2006. Cancellations received by this time will be refunded the conference registration ; less a $50.00 [plus GST] administration fee. Cancellations received after April 14, 2006 will not refunded. Delegates may substitute an alternate attendee.

ımbership in COACH is individual and

REGISTRATION IS NOW OPEN FOR THE 2006 E-HEALTH CONFERENCE.





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Username

Password

LOG IN NOW

COACH: CANADA'S HEALTH INFORMATICS ASSOCIATION



Dedicated to promoting a clear understanding of health informatics within the Canadian health system through education, information, networking and communication

membership information

HEALTH 2006

COACH PATRON

CGI

CGI Group Inc.

Quick Links

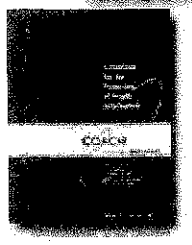
- Candidate Profiles (Members Only)
- e-Health Conference
- Nominations and Elections (Members Only)
- Patron Program
- Strategic Plan 2005-2008 (Members Only)
- General Information About COACH
- Position Posting Service (Members Only)

COACH News

- **E-HEALTH CONFERENCE 2006**

  Mark your calendars now for e-Health 2006 e ... FOR EVERYONE. More information here...

COACH: 2004 GUIDELI



DOES YOUR TEAM

HEALTH INFORMATION MANAGEMENT CANADA

Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***3-Apr-06*** *(DD-MMM-YY)*	Invoice Number		
Vendor Number (or S.I.N.)	Payee Name ***Alberta Venture***		
Address ***201, 10350-124 Street Nw***		City ***Edmonton***	
Province/State ***AB***	Postal Code ***T5N 9Z9***	Country	

II PAYMENT DETAILS

Reason for payment **Subscription Renewal**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☒ No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When? ☑ No	
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66040000***	***$30.00***		***$30.00***

Capital Health RECEIVED APR 07 2006 ACCOUNTS PAYABLE

☒ Canadian	☐ U.S.	☐ Other	TOTAL	***$30.00***		***$30.00***

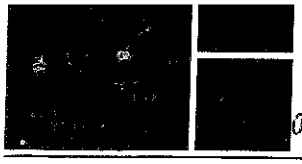
IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***3-Apr-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date April 6/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
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3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**



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517 P 838557 2006/06
ALLAUDIN MERALI
EXEC. VP & CFO
CAPITAL HEALTH AUTHORITY
1J2 WMC 8440 112 STREET
EDMONTON AB T6G 2B7

Payment enclosed ○ VISA ○ MC ○ Bill me ○

Card #..... Exp Date .....

Cardholder Name .....

Signature .....

Effort 1

Occasionally, Alberta Venture makes its names and addresses available to carefully screened organizations that want to let you know about a product or service that might interest you. **Please check the adjacent boxes if you do not want this information released.** [ ] E-mail [ ] Mailing information

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For the last six years, *Alberta Venture* magazine has conducted a province-wide poll to identify which corporations and individuals are perceived to have leading business practices in six different areas of expertise, and through those practices, have earned the respect of their peers. Read all about *Alberta's Most Respected Corporations* in our May issue of *Alberta Venture* magazine.

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Strategizing around Alberta's labour shortage? Are employer branding and employee retention hot issues for your company? Or, are you interested in expanding your market reach and growing your company. Look forward to learning about the latest trends in management and leadership in the June 2006 issue.

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Esme Friesen
Circulation Coordinator

CAPITAL HEALTH AUTHORITY
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APR 03 2006

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Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***12-Apr-06*** *(DD-MMM-YY)*	Invoice Number ***1000136580***		
Vendor Number (or S.I.N.) ***14624***	Payee Name ***Institute Of Chartered Accountants Of Alberta***		
Address ***580 Manulife Place, 10180-101 Street***		City ***Edmonton***	
Province/State ***AB***	Postal Code ***T5J 4R2***	Country	
II PAYMENT DETAILS			
Reason for payment **2006 Membership Dues- Allaudin Merali**		PO #	
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No	
If this is a contract payment, what is the contract date?		Number	
Have goods / services been received? ☐ Yes, When?		☑ No	
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes	☐ No		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$965.00***	***$67.55***	***$1,032.55***

Capital Health RECEIVED APR 19 2006 ACCOUNTS PAYABLE

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$965.00***	***$67.55***	***$1,032.55***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***12-Apr-06***
Approved by	*(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
	(Signature) Allaudin Merali	Date
Approved by	*(Print name)* Sheila Weatherill	Phone #
	(Signature)	Date April 17/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
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Institute of Chartered Accountants of Alberta
580 Manulife Place
10180 – 101 Street
Edmonton AB T5J 4R2

Edmonton (780) 424-7391; Toll Free 1-800-232-9406
Fax (780) 425-8766
Website: www.icaa.ab.ca

APPLICANT COPY

2006/2007 Member Fees

G.S.T. REG# R107508533

Member #: 14624
Invoice #: 1000136580

A.S. MERALI, CA

s.17(1), 17(4)(g)(i)

INVOICE

CICA (Paid to Alberta)	$425.00
ICAA (Resident)	$540.00
TOTAL MEMBERSHIP DUES:	$965.00
GST	$67.55
TOTAL AMOUNT DUE	$1,032.55

DUE DATE: APRIL 1 – 61 days to pay without penalty
LATE PAYMENT PENALTY IS 5% PER MONTH

Amount payable June 1 – June 30	$1,084.18
Amount payable July 1 – July 31	$1,135.81
Amount payable Aug. 1 – Aug. 31	$1,187.43

FINAL PAYMENT DEADLINE: AUGUST 31
Automatic suspension and publication if not paid by Aug. 31

INCOME TAX RECEIPT REQUIRED: ☐ No ☒ Yes ☐ Full Amount ☐ CAEF Only ☐ Other amt. (specify) $ _____

A. MEMBER DECLARATION – TO BE COMPLETED, SIGNED AND RETURNED WITH APPROPRIATE PAYMENT BY MAY 31

- ☒ My billing status is **unchanged** from that indicated above. My fees are enclosed (if applicable).
- ☐ My billing status is **changed** from that indicated above (proceed to sections B & C below – refer to information provided on reverse)

B. CHANGED CICA OR ICAA FEES – COMPLETE BELOW

CICA fees change:

- ☐ CICA fees are deducted; they are now paid to the _____ provincial Institute.
- ☐ CICA fees are added, I wish to pay this fee through the Alberta Institute.

ICAA fees change:

- ☐ Non-resident fees are included (and resident fees deducted) since I no longer reside in Alberta **and** I am a member of another provincial Institute or a **recognized** foreign accounting organization.
- ☐ Resident fees are included (and non-resident fees deducted) since I now reside in Alberta or I am no longer eligible for non-resident fees.

C. FEES REDUCTION (INITIAL APPLICATION OR CHANGE) – CHECK ONLY **ONE** BOX BELOW

Active earnings criteria: Member is not gainfully employed such that earnings from **all** types of employment or business do not exceed $20,000 (or $20,000 plus annual tuition if enrolled in full-time university education).

- ☐ I declare that I meet the active earnings criteria (above). I have reduced my ICAA & CICA fee amounts by **50%**, adjusted GST and remitted accordingly.
- ☐ I declare that I meet the active earnings criteria (above) **AND** my age plus years of CA membership in a **recognized** accounting organization equals 90 or more. I have reduced my ICAA & CICA fee amounts by **75%**, adjusted GST and remitted accordingly.
- ☐ I declare that I meet the active earnings criteria (above) **AND** my age is 70 or more years. I have reduced my ICAA & CICA fee amounts by **100%.**
- ☐ I declare that I meet the active earnings criteria (above) due to long term health problems. I have reduced my ICAA & CICA fee amounts by **100%.**
- ☐ I no longer meet the active earnings criteria for a reduction in fees, my membership registration should return to my former fee paying rate. I have removed the reduction granted me and enclose the full ICAA & CICA fee amounts along with the appropriate GST.

Member signature _____ *Date* _____

REMITTANCE COPY – RETURN WITH YOUR PAYMENT

APPLICANT COPY

Allaudin Shivji MERALI, CA

MEMBERSHIP DETAILS

Member #: 14624

1. **CURRENT CONTACT DETAILS**

The details displayed in the "Current Contact Information" below were extracted from the Institute's current database records. Please clearly print any changes to your contact information in the "Updated Contact Information" below.

CURRENT CONTACT INFORMATION		UPDATED CONTACT INFORMATION	
HOME:		**HOME DETAILS TO BE UPDATED:**	
Home Address:	s.17(1), 17(4)(g)(i)	Home Address:	
Home City, Prov.:		Home City, Prov.:	
Home Postal Cd:		Home Postal Cd:	
Home Phone:		Home Phone:	
Home E-Mail:		Home E-Mail:	
Home Fax:		Home Fax:	
Home Cell:		Home Cell:	
BUSINESS:		**BUSINESS DETAILS TO BE UPDATED:**	
Employer Name:	Capital Health Authority 1J2 WMC	Employer Name:	CAPITAL HEALTH (not Authority)
Business Address:	University of Alberta Hospital 8440 - 112 Street	Business Address:	
Bus. City, Prov.:	Edmonton, AB	Bus. City, Prov.:	
Bus. Postal Code:	T6G 2B7	Bus. Postal Code:	
General Phone:		General Phone:	
General Fax:	(780) 407-7556	General Fax:	
General E-Mail:		General E-Mail:	
Direct Phone:	(780) 407-3725	Direct Phone:	
Direct Fax:	(780) 407-7556	Direct Fax:	
Direct E-Mail:		Direct E-Mail:	amerali@cha.ab.ca
Position/Title:	E	Position/Title:	Executive Vice President & CFO
Seniority Level: (see chart on reverse)		Seniority Level: (see chart on reverse)	
Sector/Subsector: (see chart on reverse)	Sector / Subsector	Sector/Subsector: (see chart on reverse)	Sector: Govt / Subsector: Health

2. **MAIL PREFERENCES**

Please check your current mail preferences. If you wish to alter your preference, please check (√) the appropriate box in the right-hand column. For more details on the types of mailings listed below, please see the schedule on the last page.

MAIL PREFERENCES – (see chart on last page for detailed description of mail preferences)

CURRENT MAIL PREFERENCES:		MAIL PREFERENCES TO BE UPDATED:					
Mail Type:	Current Preferences:	Distribution Method: (Select one only)			Preferred: (Select one only)		Suppress:
Catalog	Post - Home		☐ Post		☐ Home	☒ Bus.	☐ s
Courier/Freight Delivery	Post - Home		☐ Post		☐ Home	☒ Bus.	n/a
CPE Confirmation	Post - Home	☐ Fax	☐ Post	☐ E-mail	☐ Home	☒ Bus.	n/a
General Correspondence	Post - Home		☐ Post	☐ E-mail	☐ Home	☒ Bus.	n/a
Monthly Mailing Package	Post - Home		☐ Post	☐ E-mail	☐ Home	☒ Bus.	☐ s
Publication	Post - Home		☐ Post		☐ Home	☒ Bus.	☐ s
Regulatory Information	Post - Home		☐ Post		☐ Home	☒ Bus.	n/a
Tax Receipt/Invoice	Post - Home		☐ Post		☒ Home	☐ Bus.	n/a
Urgent Member Notices	SUPRESSED			☐ E-mail	☒ Home	☐ Bus.	☐ s

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date ***18-Apr-06*** *(DD-MMM-YY)*	Invoice Number	
Vendor Number (or S.I.N.)	Payee Name ***Internation Health Economics Association***	
Address ***51 Diana Drive***		City ***Hammonds Plain***
Province/State ***NS***	Postal Code ***B4B 1M4***	Country

II PAYMENT DETAILS

Reason for payment **Membership Renewal - iHEA - Allaudin Merali**	PO #

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ No

If this is a contract payment, what is the contract date?	Number

Have goods / services been received? ☑ Yes, When? ☐ No

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***7115000006***	***66020000***	***$65.00***		***$65.00***

Capital Health RECEIVED APR 21 2006 ACCOUNTS PAYABLE

☐ Canadian ☒ U.S. ☐ Other **TOTAL** ***$65.00*** U.S. U.S. ***$65.00***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***18-Apr-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date April 21/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY



2006 Registration Form

Instructions

Pay by cheque	Pay by bank transfer
To pay by cheque, print two copies of this page (one for your records) and include one copy with your cheque which should be mailed promptly. The member's name and confirmation number should be written on the cheque. Failure to do so may result in your payment not being credited to your membership. Memberships, journal subscriptions and conference registrations are not final until payment is received and cleared (in particular journal subscriptions will not be submitted to the publishers until payment is cleared). Payment must reach iHEA within 6 weeks; failure to do so may result in additional charges or cancellation of your order.	Please ensure that you include your confirmation number and other contact details when arranging your bank transfer. Failure to do so may result in your payment not being credited to your membership. Note that you must assume ALL related bank transfer charges. Memberships, journal subscriptions and conference registrations are not final until payment is received and cleared (journal subscriptions will not be submitted to the publishers until payment is cleared). Payment must reach iHEA within 6 weeks. Failure to do so may result in additional charges or cancellation of your order. **iHEA Banking Details** **Bank** #003 **Account** #4002887 **Transit** #02382 **Swift Code:** ROYCCAT2 Royal Bank of Canada 65 Princess Street Kingston ON K7L 1A6 Canada

Print This Page

To complete and confirm your membership (including any journal subscriptions), you must follow these instructions or there will be delays in processing.

Cheque to the address listed below:Cheque to the address listed below:Cheque to the address listCheque to the address listed below:

Name	Event	USD
Allaudin Merali	Individual Membership (2006Jan01 - 2006Dec31)	$65.00
	Total	$65.00

Make Cheque payable to:	International Health Economics Association
Please mail Cheque to:	**iHEA** **51 Diana Drive** **Hammonds Plains, NS B4B 1M4** **Canada**
Confirmation number:	3008027

APPLICANT COPY

Corrigan, Trudy

From: registration@healtheconomics.org
Sent: Tuesday, April 18, 2006 2:51 PM
To: Merali, Allaudin
Subject: Registration Form 3008027 (MAIL)

International Health Economics Association Registration Form

Pending By-Mail Payment Registration: Ref: 3008027 Date of Registration: 04:50 PM Tue, Apr 18, 2006

Sub-total : $ 65.00 USD
Total amount being received by : $ 65.00 USD

Registrant for Individual Membership (2006Jan01 - 2006Dec31)
Item charge: $65.00 USD
Name: Allaudin Merali
Email: amerali@cha.ab.ca

Title: Mr.
Degree(s):
Current Position: Executive VP & CFO
Organization: Capital Health
Department: Finance & Administration
Street Address/PO Box: 1J2 WMC, 8440-112 Street
City: Edmonton
Province/State : AB
Postal Code/Zip Code: T6G 2B7
Region/Country: Canada
Telephone (Include Country Code): 780-407-3652
Fax (Include Country Code): 780-407-7556
Web Page Address:
Keywords:
Listing in online directory: ~~~Phone/Fax~Email

Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION *(Check one only)*	☒ Vendor ☐ Patient ☐ Employee (EE number)	
Invoice Date ***27-Apr-06*** *(DD-MMM-YY)*	Invoice Number ***7040222***	
Vendor Number (or S.I.N.)	Payee Name ***Hfma (Healthcare Financial Management Assoc.)***	
Address ***P.O. Box 4237***		City ***Carol Stream***
Province/State ***IL***	Postal Code ***60197-4237***	Country ***Usa***
II PAYMENT DETAILS		
Reason for payment **Membership Renewal - Allaudi Merali**		PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? ☐ Yes, When?		☑ No
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$329.00***		***$329.00***

Capital Health RECEIVED MAY 01 2006 ACCOUNTS PAYABLE

Capital Health RECEIVED MAY 04 2006 ACCOUNTS PAYABLE

☐ Canadian	☒ U.S.	☐ Other	**TOTAL**	***$329.00*** US		***$329.00*** US

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***27-Apr-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) Allaudin Merali	Date April 27/06
Approved by *(Print name)*	Phone #
(Signature)	Date May 3/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

01MA4002

APPLICANT COPY

Membership Invoice

MEMBERSHIP PERIOD:
JUNE 1, 2006, THROUGH MAY 31, 2007.

This invoice reflects payments processed through April 12, 2006.

Invoice Number 7040222

FOUR EASY WAYS TO MAKE PAYMENT!

- **Visit us online** at *www.hfma.org/renew* to pay via credit card.
- **Mail** the lower portion of this invoice with payment using the enclosed business reply envelope to HFMA, P.O. Box 4237, Carol Stream, IL 60197-4237.
- **Fax** this invoice with your credit card information to (708) 531-0665.
- **Call** us at (800) 252-4362, extension 2, to pay via credit card.

QUESTIONS?

Call (800) 252-4362, extension 2, or send an e-mail to *memberservices@hfma.org*.

CHANGES IN INFORMATION?

Turn this page over and make any changes to your personal information on the bottom section of the form.

PERSONAL INFORMATION

Mr. Allaudin Merali
1J2 WMC 8440-112 Street
Edmonton, Alberta T6G2B7 canada

Home Telephone	
Business Telephone	(780) 407-3652
Business Fax	(780) 407-7556
E-mail	amerali@cha.ab.ca

MEMBERSHIP INFORMATION

Organization Code	Hospital...
Position	CFO...
Function	Finance
Chapter Code	997 - Foreign Members

separate at perforation

Allaudin Merali

MEMBERSHIP DUES

HFMA Membership Dues (June 1, 2006—May 31, 2007)		$ 239.00
Forum Subscription *(optional)*		
CFO	$90	$ 90.00
Healthcare Compliance	$85	$
PFS	$80	$
Managed Care	$75	$
Newsletters *(optional)*		
Executive Insights	$91	$
Managing the Margin	$94	$
Revenue Cycle Strategist	$99	$
Supply Chain Solutions	$30	$
Total *(add all lines above)*		$ 329.00

Note: Memberships are individual and do not apply to organizations. Memberships, even those paid by employers, are non-transferable. Annual regular membership includes a $30 allocation to *Healthcare Financial Management*, HFMA's official magazine. It is not deductible from the dues.

Invoice Number 7040222 07INV2

PAYMENT METHOD

☑ **Personal Check or Company Check**
(Make payable to HFMA.)

☐ **Credit Card**
☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Card Number *Exp. Date*

Cardholder's Name

Cardholder's Signature

I affirm that the information I have given is true to the best of my knowledge and I agree to abide by the HFMA Code of Ethics and the Constitution and Bylaws of the Association.

Allaudin Merali April 29/06

Signature *Date*

7040222 032900 032900

(April may I sent for approved - SW)

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date ***27-Apr-06*** *(DD-MMM-YY)*	Invoice Number ***7040222***	
Vendor Number (or S.I.N.)	Payee Name ***Hfma (Healthcare Financial Management Assoc.)***	
Address ***P.O. Box 4237***		City ***Carol Stream***
Province/State ***IL***	Postal Code ***60197-4237***	Country ***Usa***

II PAYMENT DETAILS

Reason for payment **Membership Renewal - Allaudi Merali**	PO #

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☒ No

If this is a contract payment, what is the contract date? Number

Have goods / services been received? ☐ Yes, When? ☑ No

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$329.00***		***$329.00***

Capital Health RECEIVED MAY 01 2006 ACCOUNTS PAYABLE

☐ Canadian ☒ U.S. ☐ Other **TOTAL** ***$329.00*** ***$329.00***

US US

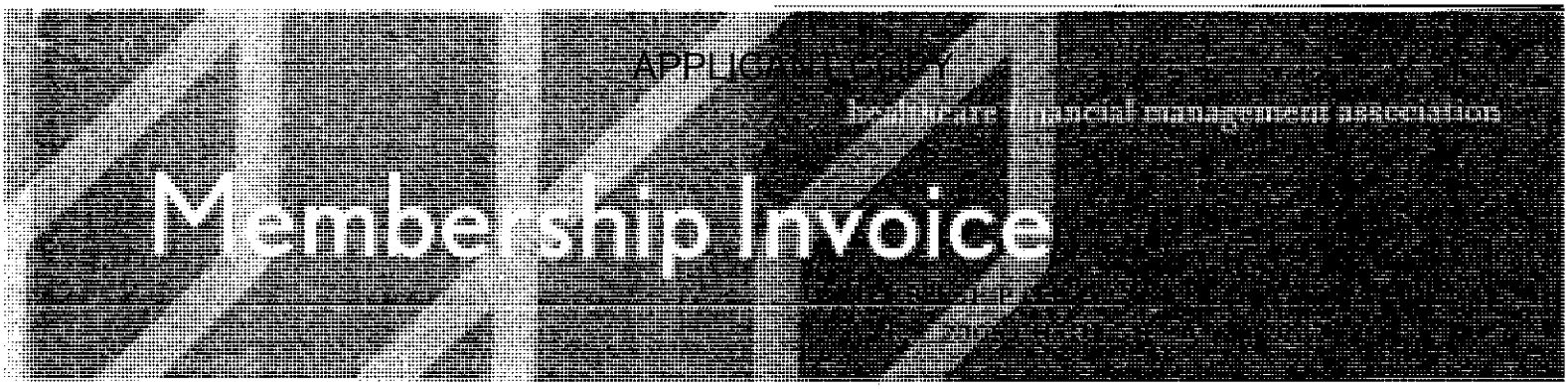
IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***27-Apr-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) Allaudin Merali	Date April 27/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**



This invoice reflects payments processed through April 12, 2006.

Invoice Number 7040222

FOUR EASY WAYS TO MAKE PAYMENT!

- **Visit us online** at *www.hfma.org/renew* to pay via credit card.
- **Mail** the lower portion of this invoice with payment using the enclosed business reply envelope to HFMA, P.O. Box 4237, Carol Stream, IL 60197-4237.
- **Fax** this invoice with your credit card information to (708) 531-0665.
- **Call** us at (800) 252-4362, extension 2, to pay via credit card.

QUESTIONS?

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CHANGES IN INFORMATION?

Turn this page over and make any changes to your personal information on the bottom section of the form.

PERSONAL INFORMATION

Mr. Allaudin Merali
1J2 WMC 8440-112 Street
Edmonton, Alberta T6G2B7 canada

Home Telephone	
Business Telephone	(780) 407-3652
Business Fax	(780) 407-7556
E-mail	amerali@cha.ab.ca

MEMBERSHIP INFORMATION

Organization Code	Hospital...
Position	CFO...
Function	Finance
Chapter Code	997 - Foreign Members

separate at perforation

Allaudin Merali

Invoice Number 7040222 07INV2

MEMBERSHIP DUES

HFMA Membership Dues (June 1, 2006—May 31, 2007)		$ 239.00
Forum Subscription *(optional)*		
CFO	$90	$ 90.00
Healthcare Compliance	$85	$
PFS	$80	$
Managed Care	$75	$
Newsletters *(optional)*		
Executive Insights	$91	$
Managing the Margin	$94	$
Revenue Cycle Strategist	$99	$
Supply Chain Solutions	$30	$
Total *(add all lines above)*		$ 329.00

Note: Memberships are individual and do not apply to organizations. Memberships, even those paid by employers, are non-transferable. Annual regular membership includes a $30 allocation to *Healthcare Financial Management*, HFMA's official magazine. It is not deductible from the dues.

PAYMENT METHOD

☑ **Personal Check or Company Check**
(Make payable to HFMA.)

☐ **Credit Card**
☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Card Number *Exp. Date*

Cardholder's Name

Cardholder's Signature

I affirm that the information I have given is true to the best of my knowledge and I agree to abide by the HFMA Code of Ethics and the Constitution and Bylaws of the Association.

Allaudin Merali April 29/06

Signature *Date*

7040222 032900 032900

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***22-May-06*** *(DD-MMM-YY)*	Invoice Number ***1200037016***		
Vendor Number (or S.I.N.)	Payee Name ***HIMSS***		
Address ***Membership, 6901 Eagle Way,***		City ***Chicago***	
Province/State ***IL***	Postal Code ***60678-1690***	Country ***USA***	

II PAYMENT DETAILS

Reason for payment **Membership Renewal - Allaudin Merali, Member #000009010372**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☑ No
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes	☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
210	***9000***	***71115000006***	***66020000***	***$140.00***		***$140.00***

Capital Health RECEIVED MAY 31 2006 ACCOUNTS PAYABLE

Capital Health RECEIVED JUN 07 2006 ACCOUNTS PAYABLE

☐ Canadian	☒ U.S.	☐ Other	TOTAL	***$140.00*** US		***$140.00***

US.

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***30-May-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date May 31/06
Approved by *(Print name)* SHEILA WEATHERILL	Phone #
(Signature) S Weatherill	Date June 6/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

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APPLICANT COPY

HIMSS

Healthcare Information and Management Systems Society
Phone: 312/664-HIMSS (4467)
Fax: 312/915-9209
www.himss.org

CAPITAL HEALTH
MAY 30 2006
EXECUTIVE VICE PRESIDENT & CFO

2006/2007 Membership Renewal

Allaudin Merali
Executive Vice President & CFO
Capital Health
1J2 WMC 8440 112 St
Edmonton, AB T6G 2B7
Canada

Bus Phone:
Home Phone:
Bus. Fax:
e-mail: amerali@cha.ab.ca

Member ID#: 000009010372
Order #: 1200037016
Invoice Date: 5/22/2006

This is how your record will appear in the on-line directory.
To make any changes to your address, go to http://www.himss.org/asp/member_login.asp

Your primary Chapter is:

☑ **I prefer not to be contacted by sources other than HIMSS or HIMSS endorsed membership benefits providers.**

Payment for 2006/2007 Membership Renewal

Services ending June 30 - Payment Due on Receipt

Member ID#: 000009010372
Order #: 1200037016

☑ **Check enclosed** *(Made Payable to HIMSS)*
☐ **Please charge to:** ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Amount Due (US.$) $ 140.00

Add 2007/2008 renewal payment $

Foundation Contribution $

Credit Card Number: _____

Name on Credit Card: _____ Expiration: ___/___

Cardholder's Signature: _____

Please indicate whether Foundation Contribution is paid by:
☐ Personal Check ☐ Organization Check

Grand Total $ 140.00

Membership in HIMSS is on an individual basis and is not transferable or refundable.

HIMSS membership dues are not deductible as a charitable contribution but may be deductible as a business expense. To the extent HIMSS engages in lobbying, 22% of dues are not deductible as a business expense. Contributions to the HIMSS Foundation are deductible as a charitable contribution for federal income tax purposes to the extent provided by law. The HIMSS Foundation is an educational organization exempt from taxation under 501(c) (3) code of the Internal Revenue Service.
HIMSS Federal Tax ID Number: 36-3906745.

HIMSS regularly sends e-mails describing its products and services. By returning this form, you agree to allow HIMSS to send these promotional e-mails to you. You will have the opportunity to opt out of the e-mail list if you choose.

Return this form with your payment.
Mail to: HIMSS Membership, 6901 Eagle Way, Chicago, IL 60678-1690

Phone# 312-664-4467
Fax# 312-915-9209
Email: membership@himss.org

Capital Health

APPLICANT address 10/8/18

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor ☐ Patient ☐ Employee (EE number)	
Invoice Date ***22-May-06*** *(DD-MMM-YY)*	Invoice Number ***1200037016***	
Vendor Number (or S.I.N.)	Payee Name ***HIMSS***	
Address ***Membership, 6901 Eagle Way,***		City ***Chicago***
Province/State ***IL***	Postal Code ***60678-1690***	Country ***USA***
II PAYMENT DETAILS		
Reason for payment **Membership Renewal - Allaudin Merali, Member #000009010372**		PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? ☐ Yes, When?		☑ No
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
210	***9000***	***71115000006***	***66020000***	***$140.00***		***$140.00***

Capital Health RECEIVED MAY 31 2006 ACCOUNTS PAYABLE

☐ Canadian	☒ U.S.	☐ Other	**TOTAL**	***$140.00*** US		***$140.00***

US.

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***30-May-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date May 31/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

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APPLICANT COPY

HIMSS

Healthcare Information and Management Systems Society
Phone: 312/664-HIMSS (4467)
Fax: 312/915-9209
www.himss.org

CAPITAL HEALTH
MAY 12 2006
Executive Vice President & CFO

2006/2007 Membership Renewal

Allaudin Merali
Executive Vice President & CFO
Capital Health
1J2 WMC 8440 112 St
Edmonton, AB T6G 2B7
Canada

Bus Phone:
Home Phone:
Bus. Fax:
e-mail: amerali@cha.ab.ca

Member ID#: 000009010372
Order #: 1200037016
Invoice Date: 5/22/2006

This is how your record will appear in the on-line directory.
To make any changes to your address, go to http://www.himss.org/asp/member_login.asp

Your primary Chapter is:

☑ **I prefer not to be contacted by sources other than HIMSS or HIMSS endorsed membership benefits providers.**

Payment for 2006/2007 Membership Renewal

Services ending June 30 - Payment Due on Receipt

Member ID#: 000009010372
Order #: 1200037016

(Made Payable to HIMSS)

☑ **Check enclosed**
☐ **Please charge to:** ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Amount Due (US.$) $ 140.00

Add 2007/2008 renewal payment $

Foundation Contribution $

Credit Card Number: _____

Name on Credit Card: _____ Expiration: ___/___

Cardholder's Signature: _____

Please indicate whether Foundation Contribution is paid by:
☐ Personal Check ☐ Organization Check

Grand Total $ 140.00

Membership in HIMSS is on an individual basis and is not transferable or refundable.

HIMSS membership dues are not deductible as a charitable contribution but may be deductible as a business expense. To the extent HIMSS engages in lobbying, 22% of dues are not deductible as a business expense. Contributions to the HIMSS Foundation are deductible as a charitable contribution for federal income tax purposes to the extent provided by law. The HIMSS Foundation is an educational organization exempt from taxation under 501(c) (3) code of the Internal Revenue Service.
HIMSS Federal Tax ID Number: 36-3906745.

HIMSS regularly sends e-mails describing its products and services. By returning this form, you agree to allow HIMSS to send these promotional e-mails to you. You will have the opportunity to opt out of the e-mail list if you choose.

Return this form with your payment.
Mail to: HIMSS Membership, 6901 Eagle Way, Chicago, IL 60678-1690

Phone# 312-664-4467
Fax# 312-915-9209
Email: membership@himss.org

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor ☐ Patient ☐ Employee (EE number)	
Invoice Date ***27-Jun-06*** *(DD-MMM-YY)*	Invoice Number	
Vendor Number (or S.I.N.)	Payee Name ***Himss*** (HIMSS)	
Address ***Himss Lockbox 6923, Department 77-6923***		City ***Chicago***
Province/State ***IL***	Postal Code ***60678-6923***	Country ***USA***
II PAYMENT DETAILS		
Reason for payment **Purchase Book - Performance Management in Healthcare**		PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? ☐ Yes, When?		☒ No
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
~~210~~ 201	***9000***	***71115000006***	***49010000***	***$69.00***		***$69.00***
☐ Canadian	☒ U.S.	☐ Other	**TOTAL**	***$69.00***		***$69.00***

Capital Health RECEIVED JUN 28 2006 Accounts Payable

US US

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***27-Jun-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date June 28/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

Performance Management in Healthcare: From Key Performance Indicators to Balanced Scorecard

A vital tool offering:

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City, State, Zip T6G 2B7
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Phone (required on all orders in case of inquiry)
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Email Address

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Expiration date

Authorized Signature

Capital Health

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Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION *(Check one only)*	☒ Vendor ☐ Patient ☐ Employee (EE number)	
Invoice Date ***26-Sep-06*** *(DD-MMM-YY)*	Invoice Number ***2007-77***	
Vendor Number (or S.I.N.) 125548	Payee Name ***Financial Executives International - Edmonton Chapter***	
Address ***Attn. Richard Iwaniuk Ca, Treasurer, Fei - Edmonton Chapter*** , 23 DELLWOOD PLACE	City ***St. Alberta***	
Province/State ***AB***	Postal Code ***T8N 6Y5***	Country
II PAYMENT DETAILS		
Reason for payment **Membershipl Dues - for year ending June 30/07 - A. Merali**	PO #	
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No	
If this is a contract payment, what is the contract date?	Number	
Have goods / services been received? ☐ Yes, When?	☐ No	
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$300.00***	***$18.00***	***$318.00***

Capital Health RECEIVED OCT 0 3 2006 ACCOUNTS PAYABLE

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$300.00***	***$18.00***	***$318.00***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***28-Sep-06***
Approved by	*(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
	(Signature) A Merali	Date Sept. 29/06
Approved by	*(Print name)* SHEILA WEATHERILL	Phone #
	(Signature)	Date Sept 30/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

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financial executives international

edmonton chapter

Edmonton Chapter Fee Invoice

23 Delwood Place
St. Albert, AB
T8N6Y5

Invoice # 2007-77

September 26, 2006

Allaudin Merali
Vice President, Finance & Administration
Capital Health Authority
8440-112 St.
Edmonton, Alberta T6G 2B7

Chapter Fees – Edmonton	**$300.00**
GST (Registration #124151754)	**18.00**
Total	**$318.00**

The FEI - Edmonton chapter local membership dues for the year ending **June 30, 2007** are now due and payable in the amount of **$318.00** including GST. Please forward your cheque for the above noted amount payable to **Financial Executives International – Edmonton chapter** to the attention of:

Richard Iwaniuk CA
Treasurer, FEI – Edmonton chapter
23 Delwood Place
St. Albert AB
T8N 6Y5

Please include a copy of this invoice with your payment.

Your prompt attention to paying this invoice is appreciated. Thank you.

Yours truly,

Signed R. Iwaniuk

Richard Iwaniuk CA
(780) 699-8862

GST Registration #124151754

The Edmonton Chapter of FEI is sponsored in part by

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Capital Health

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor ☐ Patient ☐ Employee (EE number)	
Invoice Date ***11-Oct-06*** *(DD-MMM-YY)*	Invoice Number 732535- 11OCT06	
Vendor Number (or S.I.N.)	Payee Name ***Lexisnexis Canada***	
Address ***700-123 Commerce Valley Dr. E***		City ***Thornhill***
Province/State ***ON***	Postal Code ***L3T 9Z9***	Country
II PAYMENT DETAILS		
Reason for payment **Renewal Subscription - The Bottom Line**		PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? ☐ Yes, When?		☒ No
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66040000***	***$63.00***		***$63.00***

Capital Health RECEIVED OCT 16 2006 ACCOUNTS PAYABLE

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$63.00***		***$63.00***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***11-Oct-06***
Approved by	*(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
	(Signature) A Merali	Date Oct.12/06.
Approved by	*(Print name)*	Phone #
	(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

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Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Nov 1/06**	Invoice Number MEMBER-DINOV	PO #
Vendor Name **OAUG**		Vendor Number
Address **One Piedmnt Center, Suite 400**		City **Atlanta**
Province/State **GA**	Postal Code **30305**	Country **USA**

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Membership Renewal - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If not a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☑ Yes describe ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☑ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$595.00***		***$595.00***

Capital Health RECEIVED NOV 08 2006 ACCOUNTS PAYABLE

Currency *(select one)*

☐ Canadian	☒ U.S.	☐ Other	TOTAL	***$595.00***		***$595.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Nov 2/06
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone #
Title: **Executive Vice President & CFO**	Signing Authority Level #2	Date Nov 3/06
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone #
Title: **President & CEO**	Signing Authority Level #2	Date Nov 7/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

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MEMBERSHIP INVOICE

Date: November 1, 2006

To: Allaudin Merali
Capital Health
1J2 Walter MacKenzie Centre
8440 - 112 Street
Edmonton AB T6G 2B7
CANADA

Company ID 4320

Quantity	Description	Unit Price	Amount Due
1	1 Membership	595	$595.00

Thank you for your support of the OAUG!

If your payment is by check or money order, please remember to print this letter and mail it along with your payment to:

OAUG
One Piedmont Center
Suite 400
Atlanta, GA 30305
USA

NOTE: When paying by wire transfer, please be sure to reference your company name (Capital Health) and company ID (4320), and indicate that the transfer is for OAUG Membership Fees. If you have any questions regarding this information, please feel free to contact our membership department at membership@oaug.com.

Bank Information for Wire Transfers:

Please contact the OAUG Membership Department for information.

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Capital Health

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date ***1-Nov-06*** *(DD-MMM-YY)*	Invoice Number ***2006-018625***	
Vendor Number (or S.I.N.)	Payee Name ***Canadian College Of Health Service Executives***	
Address ***292 Rue Somerset Street West***		City ***Ottawa***
Province/State ***ON***	Postal Code ***K2P 0J6***	Country

II PAYMENT DETAILS

Reason for payment **2006 Membership Renewal - Allaudin Merali**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes	☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$398.00***		***$398.00***

FOR DEPOSIT ONLY TO
CAPITAL HEALTH AUTHORITY
JAN 25 2006
TORONTO DOMINION BANK

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$398.00***		***$398.00***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***11-Jan-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date Jan 25/06
Approved by *(Print name)*	Phone #
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Membership Renewal Invoice

Member Dues Payment

Member Id: 3164
Invoice Number: 2006-018625
Amount: $398.00 from invoice
Payment by: ○ Visa
○ MasterCard
◉ Cheque (to follow)
Card #:
Cardholder Name:
Card Expiry: Month Jan Year 2006
Receipt Required: No

Please make sure you have filled in all appropriate fields above BEFORE clicking the "Submit" button below. PLEASE CLICK ONCE ONLY!

Submit Cancel

Membership Renewal Invoice

Canadian College of Health Service Executives
Collège canadien des directeurs de services de santé

Invoice / Facture
2006-018625
2006.1.9

To / À

Allaudin Merali Executive Vice Present & Chief Financial Officer Capital Health 8440 112th Street WMC 1J2 Edmonton, AB T6G 2B7		Member Number Client : 3164
Code	**Description**	**Amount / Montant**
Member Fees / Cotisation annuelle	Active Year 2006 Renewal / Cotisation année 2006	$398.00

Subtotal before tax / Sous-total avant tax :	**$398.00**
GST-HST / TPS-TVH :	**$0.00**
Amount due if paid BEFORE February 28, 2006 / Montant si payé AVANT le 28 février 2006 :	**$398.00**
Amount Due AS OF February 28, 2006 / Montant dû À COMPTER du 28 février 2006 :	**$418.00**

Please note: As part of your basic membership fee you continue to receive the Healthcare Management FORUM, the Members Directory (online) and the Health Systems Update.

Veuillez noter que la revue FORUM Gestion des soins de santé, le Répertoire des membres (en ligne) et la publication annuelle Bilan de l'évolution des systèmes de Santé sont inclus dans les frais de cotisation.

My employment status has changed and my current membership category does not reflect that. / J'ai changé d'emploi et ma catégorie d'adhésion actuelle ne le reflète pas.

I should be considered / On devrait me considérer

Categories & Fees - Definitions /
Définitions des catégories et cotisations

Please Select / Choisissez

Reason for this request / Raison pour cette demande :

Continue / Continuer

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Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Jan 8/07**	Invoice Number **2286**	PO #
Vendor Name **Institute of Corporate Directors**		Vendor Number
Address **602-40 University Avenue**		City **Toronto**
Province/State **Ont**	Postal Code **M5J 1T1**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Annual Fees - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe membership ☐ No, exemption # - - EX 6 F00 1

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$395.00***	***$23.70***	***$418.70***

Capital Health RECEIVED JAN 18 2007 ACCOUNTS PAYABLE

Currency *(select one)* ☒ Canadian ☐ U.S. ☐ Other **TOTAL** ***$395.00*** ***$23.70*** ***$418.70***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date Jan 18/07
Approved by *(Print name)*	*(Signature)*	Phone #
Title:	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

INSTITUTE OF CORPORATE DIRECTORS
INSTITUT DES ADMINISTRATEURS DE SOCIÉTÉS

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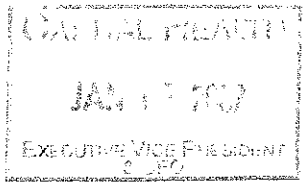
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Tel: (416) 593-7741 Fax: (416) 593-0636
Website: www.icd.ca Email: admin@icd.ca

INVOICE

	Invoice Date	Invoice Number
Bill To	01/08/2007	**2286**

Mr. Allaudin Merali (5673)
Executive Vice-President & Chief Financial Officer
Capital Health
1J2 WMC, 8440 -112 Street
Edmonton, AB T6G 2B7

Please include invoice number with all payments.



Item	Description	Qty	Unit Cost	Amount
ANNU_FEES	Annual Fees	1	$395.00	$395.00

Payment is for the period from 02/01/2007 to 01/31/2008

Business Address:
1J2 WMC, 8440 -112 Street
Edmonton, AB T6G 2B7

Tel: (780) 407-3652 Fax: (780) 407-7556
Email: amerali@cha.ab.ca

Home Address:

s.17(1), 17(4)(g)(i)

Tel:

THANK YOU FOR YOUR CONTINUED SUPPORT

Subtotal	$395.00
PST/QST:	$0.00
GST/HST:	$23.70
TOTAL PAYABLE:	**$418.70**

GST# 12179 8201

Please visit our Website at www.icd.ca to update your personal profile.
Address information contained in your profile is used for mailing purposes.

1

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **March 12/07**	Invoice Number **Member ID 7040222**	PO #
Vendor Name **HFMA (Healthcare Financial Management Association)**		Vendor Number
Address **P.O. Box 4237**		City **Carol Stream**
Province/State **IL**	Postal Code **60197-4237**	Country **USA**

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Membership Renewal 2008/09 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$253.00***		***$253.00***

Capital Health RECEIVED MAR 19 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☐ Canadian	☒ U.S.	☐ Other	**TOTAL**	***$253.00***		***$253.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other parson is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 13/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date March 14/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S Weatherill	Phone #
Title: **CEO**	Signing Authority Level #	Date March 18/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

APPLICANT COPY

hfma
healthcare financial management association

Membership Invoice

Membership period June 1, 2008, through May 31, 2009.

7040222
Mr. Allaudin Merali
1J2 WMC 8440-112 Street
Edmonton, Alberta T6G2B7 Canada

Home Telephone
Business Telephone (780) 407-3652
Business Fax
E-mail amerali@cha.ab.ca

Membership Information

Organization Code	Hospital...
Position	CFO...
Function	Finance
Chapter Code	997 - Foreign Members

Note: Memberships are individual and do not apply to organizations. Memberships, even those paid by employers, are non-transferable. Annual regular membership includes a $30 allocation to *Healthcare Financial Management*, HFMA's official magazine. It is not deductible from the dues.

Two easy steps to renew your membership:

1 Check the box(es) of the new subscriptions you would like to begin. Add your membership dues and subscriptions.

2 **Four simple ways to make your payment:**

- Submit payment online at *hfma.org/renew.*
- Mail your invoice with payment to HFMA, P.O. Box 4237, Carol Stream, IL 60197-9613.
- Fax invoice to (708) 531-0665.
- Call (800) 252-4362, extension 2.

Changes in information? Turn this page over and make any changes to your personal information on the bottom section of the form. Use the codes to determine your new Organization, Position and/or Function codes if applicable.

Questions about your invoice? Call (800) 252-4362, extension 2, or send an e-mail to *memberservices@hfma.org.*

Note: Individuals who have joined HFMA since June 1, 2007, paid a prorated amount to cover membership dues through May 31, 2008. This invoice is for a complete year of membership, June 1, 2008, through May 31, 2009.

separate at perforation

Membership Dues and Subscriptions

(June 1, 2008—May 31, 2009)

HFMA Membership Dues	$ 253.00
Forum/Communities *(optional)*	
❑ CFO $95 (CF)	
❑ Healthcare Compliance $90 (CO)	
❑ Managed Care $90 (MC)	
❑ Medicare Payment $95 (MP)	
❑ Revenue Cycle $95 (PF)	
❑ Physician Alignment $95 (PH)	
Newsletters *(optional)*	
❑ *Revenue Cycle Strategist* $107 (PA)	
❑ *Strategic Financial Planning* $156 (SF)	$156.00
❑ *Healthcare Cost Containment** $94 (HC)	
*Formerly *Managing the Margin* and *Supply Chain Solutions.*	
Total *(add all lines above)*	$ 253.00

Mr. Allaudin Merali

Member ID 7040222 08INV1

Payment Method

❑ ~~Personal check or company check~~ *(payable to HFMA)*

❑ Credit Card:
❑ Visa ❑ MasterCard ❑ Discover ❑ AMEX

Card Number Exp. Date

Cardholder's Name

Cardholder's Signature

I affirm that the information I have given is true to the best of my knowledge and I agree to abide by the HFMA Code of Ethics and the Constitution and Bylaws of the Association.

Signature Date March 14/08

66 7040222 025300 015600

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **March 13/07**	Invoice Number **40573**	PO #
Vendor Name **COACH**		Vendor Number
Address **250 Consumers Rd., Suite 301**		City **Toronto**
Province/State **ON**	Postal Code **M2J 4V6**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **2007/08 Membership Dues - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6** ☐ No, exemption # - - EX 6F 001

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$185.00***	***$25.90***	***210.90***

Capital Health RECEIVED MAR 20 2007 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian ☐ US ☐ Other	**TOTAL**	***$185.00***	***$25.90***	***$210.90***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 13/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date March 15/07
Approved by *(Print name)* SHEILA WEATHERILL	*(Signature)*	Phone #
Title: CEO	Signing Authority Level #	Date March 19/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
		No other payments without contracts or PO's will be allowed

APPLICANT COPY

ASSOCIATION CANADIENNE D'INFORMATIQUE DE LA SANTÉ

COACH

CANADA'S HEALTH INFORMATICS ASSOCIATION

COACH National Office
250 Consumers Rd.
Suite 301
Toronto, ON
Canada
M2J 4V6
TEL:416-494-9324
Toll Free:1-888-253-8554
Fax:416-495-8723
E-Mail:info@coachorg.com
Website:www.coachorg.com

Order #40573

2007-2008 Membership Dues

BILL TO:	ALLAUDIN MERALI (14884) EXECUTIVE VICE PRESIDENT & CFO CAPITAL HEALTH 1J2 WMC, 8440-112 STREET EDMONTON AB T6G2B7	**SHIP TO:**	Same
DATE ENTERED:	03/13/2007	**SHIPPING TYPE:**	None
ENTERED BY:	Allaudin Merali	**SHIP DATE & CONFIRM#:**	

ORDER DETAILS

CODE	DESCRIPTION	QTY	PRICE	DISC	TAX	AMOUNT
PRC23303	Individual Membership Dues	1	$185.00	$0.00	HST 14%	$185.00
PRC23311	Steven Huesing Scholarship Fund Contribution	1	$0.00	$0.00	HST 14%	$0.00

GST/TPS Reg #12450 1529 RT0001
PST/TVP Reg #N/A

Subtotal:	$185.00
GST/HST:	$25.90
PST:	$0.00
ORDER TOTAL:	$210.90
COMPLETED PAYMENTS:	$0.00
***BALANCE DUE:**	**$210.90**

* based on the successful completion of all financial transactions (i.e. no NSF cheques or declined/disputed Credit Card transactions), including scheduled payments.

Please note that until your Membership Invoice has been paid, you will not be listed as an active member.

For you convenience, you may pay your renewal invoice on-line at http://www.coachorg.com by logging in and selecting the "MY ACCOUNT" option from the "MY TOOLS" menu.

Thank you!

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **March 21/07**	Invoice Number **Member ID 7040222**	PO #
Vendor Name **HFMA (Healthcare Financial Management Association)**		Vendor Number
Address **P.O. Box 4237**		City **Carol Stream**
Province/State **IL**	Postal Code **60197-4237**	Country **USA**

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Membership Renewal 2007/08 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - - EX 6F 001

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$245.00***		***$245.00***
Currency *(select one)*						
☐ Canadian	☒ U.S.	☐ Other	**TOTAL**	***$245.00***		***$245.00***

Capital Health RECEIVED MAR 26 2007 ACCOUNTS PAYABLE

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 21/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date March 22/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S Weatherill	Phone #
Title: **CEO**	Signing Authority Level #	Date March 23/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

MM

APPLICANT COPY

SECTION A: MEMBERSHIP DUES

HFMA Membership Dues $245.00
(June 1, 2007—May 31, 2008)

Renew Your Forum/CoP *(optional)*
Chief Financial Officers Forum $95.00

Section A Total *(add all lines above)* $

Section B Total *(total from products insert)* $

Fill in Product Codes from Section B

Invoice Total (A+B) $

Mr. Allaudin Merali
Member ID 7040222 07INV1

Payment Method

☑ Personal check or company check *(payable to HFMA)*

☐ Credit Card:

☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Card Number Exp. Date

Cardholder's Name

Cardholder's Signature

I affirm that the information I have given is true to the best of my knowledge and I agree to abide by the HFMA Code of Ethics and the Constitution and Bylaws of the Association.

Signature Date

7040222 034000 034000

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **March 27/07**	Invoice Number	PO #
Vendor Name **e-Health 2007 Conference, c/o Advance Group**		Vendor Number
Address **#101 - 1444 Alberni Street**		City **Vancouver**
Province/State **B.C.**	Postal Code **V6G 2Z4**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **e-Health Conference (COACH) Registration - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** Conference ☐ No, exemption # - - EX 6F001

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***61030000***	***$962.13***		***$962.13***

Capital Health RECEIVED MAR 2 8 2007 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian ☐ U.S. Dollars	**TOTAL**	***$962.13***		***$962.13***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

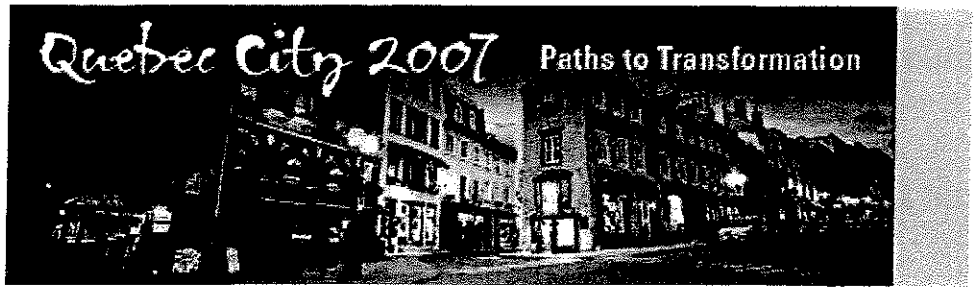
Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Mar 27/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #2	Date Mar. 27/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **CEO**	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

MM

APPLICANT COPY



Thank You For Your Registration

PRINT OFFLINE PAYMENT

Allaudin Merali
Capital Health
allaudin.merali@capitalhealth.ca
(780) 407-3652

		If paid by April 15, 2007	If paid betv April 16 & M 2007
CONFERENCE PARTICIPATION / PARTICIPATION AU CONGRÈS			
	Full Conference / Congrès au complet	$895.00	$1,075.00
DELEGATE ACTIVITY SELECTIONS / SÉLECTION DES ACTIVITÉS DES DÉLÉGUÉS			
✔	Sunday, May 27, 2007 [5:30 PM - 7:30 PM] Dimanche 27 mai 2007 [17 h 30 à 19 h 30] **Welcome Reception / Réception d'accueil**	[Included]	[Included]
✔	Tuesday, May 29, 2007 [7:00 PM - 10:00 PM] Mardi 29 mai 2007 [19 h à 22 h] **Evening Social / Soirée**	[Included]	[Included]
✔	Wednesday, May 30, 2007 [12:00 PM - 2:00 PM] Mercredi 30 mai 2007 [12 h à 14 h] **Lunch & Closing Speaker / Déjeuner et allocution de clôture**	[Included]	[Included]
EXTRA TICKETS / BILLETS SUPPLÉMENTAIRES			
✗	*No Selection Made*		
PRE-CONFERENCE WORKSHOPS / ATELIERS PRÉ-CONFÉRENCE			
✗	*No Selection Made*		
	CONFERENCE FEES TOTAL	**$895.00**	**$1,075.00**
	6% GST (#124501529 RT0001) **Tax-exempt number: 124072513** You will be required to mail in your letter confirming your GST exemption / Vous devrez envoyer pas la poste une lettre confirmant votre exemption de TPS.	**$0.00**	**$0.00**
	7.5% QST	**$67.13**	**$80.63**

APPLICANT COPY

TOTAL	**$962.13**	**$1,155.63**

** Fee for wait listed items will be payable upon confirmation if space becomes available.
** Les frais pour les activités sur la liste d'attente devront être payés dès confirmation qu'une pla devient disponible.

Registration fees are in Canadian Funds.
Droits d'inscription en monnaie canadienne.

OFFLINE PAYMENT OPTIONS

(1) If paying by cheque:

Registration ID MERALI-TQTMJKTL
Cheque number: _____
Cheque Date: _____
Amount: $_____ CAN
Please print this page, fill in your cheque details and return it along with the cheque to:

e-Health 2007 Conference
c/o Advance Group
#101-1444 Alberni Street
Vancouver, BC, Canada, V6G 2Z4

Make the cheque payable to: **e-Health c/o Advance Group**
Veuillez établir les chèques à l'ordre de **: e-Health a/s Advance Group**

(2) If paying by credit card (Visa, MasterCard, AmEx):

Registration ID MERALI-TQTMJKTL
Credit card number: _____
Credit card type: O MasterCard O Visa O American Express
Expiration MM/YY: _____ / _____
Amount: $_____ CAN

Signature: _____
Cardholder name: _____
Billing address with Postal/ZIP code _____
_____

Please print this page, fill in your credit card information and return it by FAX to:

Attn: Luciana Evangelista
Fax: 604-685-3521

*** The charge will appear as **ADVANCE GROUP** on your credit card statement ***
*** Les frais apparaîtront sur votre relevé de carte de crédit sous le titre ADVANCE GROUP. ***

(3) *Wire Transfer:

Name of Bank: HSBC Canada
Address: 601 West Broadway, Vancouver, BC
Transit number: 10090-016
Swift Code: HKBCCATT
Name of account holder: Advance Group
Account number: CDN$: 090-084233-001

Please fax a copy of the bank confirmation to:
Attn: Luciana Evangelista
Fax: 604-685-3521

*NOTE: You must add $25 CAN to all wire transfer payments to cover banking charges.
Registration ID MERALI-TQTMJKTL

Cancellation Policy

All cancellations must be submitted in writing to Advance Group. Cancellations received prior to 5:00

Politique d'annulation

Toute annulation doit être adressée par é Advance Group. Les annulations reçues a

PM PT April 30th, 2007 will be eligible for a full refund less $100.00 CDN (plus Taxes) of the registration fee paid and a $35 CDN (plus Taxes) administration fee. Registration cancellations received after 5:00 PM PT April 30th, 2007 are fully non-refundable. An alternate attendee name may be substituted at any time for a $35.00 CDN (plus Taxes) processing fee.

All changes that cannot be made online are subject to a $35 CDN (plus Taxes) administration fee.

Credit Cards that need to be reprocessed are subject to a $35 CDN (plus Taxes) administration fee.

****IMPORTANT CREDIT CARD INFORMATION****

Merchant charges for this event will be posted on your credit card statement as Advance Group. If for any reason and at a later date you dispute the valid and authorized charges posted to your credit card a $75.00 re-processing administration fee will be assessed and will automatically be added to the original amount being re-charged.

17h00 le 30 avril 2007 seront rembourse intégralement moins 100 $ CAN (plus ta: frais d'inscription payés et 35 $ CAN (plu taxes) de frais d'administration. Les anni d'inscription reçues après 17h00 le 30 a\ 2007 ne seront pas remboursées. Le nor (e) remplaçant(e) peut être inscrit à tout moment moyennant 35 $ CAN (plus taxe frais de traitement.

Pour les modifications qui ne peuvent êtr en ligne, il y aura des frais d'administrati 35 $ (taxes en surplus).

S'il faut faire à nouveau le traitement de carte de crédit, il y aura des frais d'administration de 35 $ (taxes en surplu

****RENSEIGNEMENTS IMPORTANT P(CARTE DE CREDIT****

Les transactions de cet événement seror inscrites sur votre relevé de carte de cré nom de marchand «Advance Group». Si, quelque raison que ce soit, vous deviez contester la validité et l'autorisation de l facturation des frais à votre carte de cré frais d'administration de 75,00 $ seront imposés pour traiter à nouveau la demar s'ajouteront automatiquement au monta original lors de la refacturation.

BECOME A COACH MEMBER AND SAVE

COACH Membership is open to all individuals with an interest in health informatics, health information management, or related health care issues and practices. Individual member dues are $185.00 per year. To become a member visit www.coachorg.com .

DEVENEZ MEMBRE DE COACH ET ÉCONOMISEZ

L'adhésion à COACH est ouverte à quicor s'intéresse à l'informatique appliquée à l santé, à la gestion de l'information en m de santé ou aux questions et pratiques r à la santé. Les frais annuels d'adhésion individuelle sont de 185 $ CAN. Pour dev membre, rendez-vous sur le site www.coachorg.com

HOTEL RESERVATION

Please click on the link below for your hotel reservation. (will open a new browser window)

Click here for hotel reservation.

RÉSERVATION D'HÔTEL

Veuillez cliquer sur le lien ci-dessous pou réservation d'hôtel (une nouvelle fenêtre navigation s'ouvrira)

Clic ici pour la réservation d'hôtel.

Don't forget to print this page.
Back to Manage Your Registration
Back to http://e-healthconference.com/

N'oubliez pas d'imprimer cette page.
Retour à Gérez votre inscription
Retour à http://e-healthconference.com/

PRIVACY POLICY: Advance Group DotCom Your Event

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **April 2/07**	Invoice Number **1000272761**	PO #
Vendor Name **Institute ofChartered Accountants of Alberta**		Vendor Number
Address **580 Manulife Place, 10180-101 Street**		City **Edmonton**
Province/State **AB**	Postal Code **T5J 4R2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **2007/08 Member Fees - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If not a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - - EX 6F001

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$1,435.00***	***$86.10***	***$1,521.10***

Capital Health Corporate RECEIVED APR 10 2007 ACCOUNTING PAYABLE

Currency *(select one)*

☒ Canadian ☐ U.S. ☐ Other	**TOTAL**	***$1,435.00***	***$86.10***	***$1,521.10***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date April 3/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date April 3/07
Approved by *(Print name)* SHEILA WEATHERILL	*(Signature)*	Phone #
Title: CEO	Signing Authority Level # ✓	Date April 9/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Institute of Chartered Accountants of Alberta
580 Manulife Place
10180 – 101 Street
Edmonton AB T5J 4R2

Edmonton (780) 424-7391; Toll Free 1-800-232-9406
Fax (780) 425-8766
Website: www.icaa.ab.ca

APPLICANT COPY

2007/2008 Member Fees

G.S.T. REG# R107508533
Member #: 14624
Invoice #: 1000272761

A.S. MERALI, CA•IT

s.17(1), 17(4)(g)(i)

INVOICE

CICA (Paid to Alberta)	$445.00
ICAA (Resident)	$590.00
TOTAL MEMBERSHIP DUES:	$1,035.00
DESIGNATION FEES*	$400.00
TOTAL FEES	$1,435.00
GST	$86.10
TOTAL AMOUNT DUE	**$1,521.10**

*Includes fees for designations: CA•IT ($400.00)

DUE DATE: APRIL 1 – 61 days to pay without penalty
LATE PAYMENT PENALTY IS 5% PER MONTH

Amount payable June 1 – June 30	$1,597.16
Amount payable July 1 – July 31	$1,673.21
Amount payable Aug. 1 – Aug. 31	$1,749.27

FINAL PAYMENT DEADLINE: AUGUST 31
Automatic suspension and publication if not paid by Aug. 31

INCOME TAX RECEIPT REQUIRED: ☐ No ☐ Yes ☐ Full Amount ☐ CAEF Only ☐ Other amt. (specify) $ _____

A. MEMBER DECLARATION – TO BE COMPLETED, SIGNED AND RETURNED WITH APPROPRIATE PAYMENT BY MAY 31

- ☑ My billing status is **unchanged** from that indicated above. My fees are enclosed (if applicable).
- ☐ My billing status is **changed** from that indicated above (proceed to sections B & C below – refer to information provided on reverse)

B. CHANGED CICA OR ICAA FEES – COMPLETE BELOW

CICA fees change:

- ☐ CICA fees are deducted; they are now paid to the _____ provincial Institute.
- ☐ CICA fees are added, I wish to pay this fee through the Alberta Institute.

ICAA fees change:

- ☐ Non-resident fees are included (and resident fees deducted) since I no longer reside in Alberta **and** I am a member of another provincial Institute or a **recognized** foreign accounting organization.
- ☐ Resident fees are included (and non-resident fees deducted) since I now reside in Alberta or I am no longer eligible for non-resident fees.

C. FEES REDUCTION (INITIAL APPLICATION OR CHANGE) – CHECK ONLY **ONE** BOX BELOW

Active earnings criteria: Member is not gainfully employed such that earnings from **all** types of employment or business do not exceed $20,000 (or $20,000 plus annual tuition if enrolled in full-time university education).

- ☐ I declare that I meet the active earnings criteria (above). I have reduced my ICAA & CICA fee amounts by **50%**, adjusted GST and remitted accordingly.
- ☐ I declare that I meet the active earnings criteria (above) **AND** my age plus years of CA membership in a **recognized** accounting organization equals 90 or more. I have reduced my ICAA & CICA fee amounts by **75%**, adjusted GST and remitted accordingly.
- ☐ I declare that I meet the active earnings criteria (above) **AND** my age is 70 or more years. I have reduced my ICAA & CICA fee amounts by **100%.**
- ☐ I declare that I meet the active earnings criteria (above) due to long term health problems. I have reduced my ICAA & CICA fee amounts by **100%.**
- ☐ I no longer meet the active earnings criteria for a reduction in fees, my membership registration should return to my former fee paying rate. I have removed the reduction granted me and enclose the full ICAA & CICA fee amounts along with the appropriate GST.

Member signature — *Date* Apr. 4/07

REMITTANCE COPY – RETURN WITH YOUR PAYMENT

APPLICANT COPY

MEMBERSHIP DETAILS

Allaudin Shivji MERALI, CA•IT

1. **CURRENT CONTACT DETAILS**

Member #: 14624

The details displayed in the "Current Contact Information" below were extracted from the Institute's current database records. Please clearly print any changes to your contact information in the "Updated Contact Information" below.

CURRENT CONTACT INFORMATION		UPDATED CONTACT INFORMATION	
HOME:		**HOME DETAILS TO BE UPDATED:**	
Home Address:	s.17(1), 17(4)(g)(i)	Home Address:	
Home City, Prov.:		Home City, Prov.:	
Home Postal Cd:		Home Postal Cd:	
Home Phone:		Home Phone:	
Home E-Mail:		Home E-Mail:	
Home Fax:		Home Fax:	
Home Cell:		Home Cell:	
BUSINESS:		**BUSINESS DETAILS TO BE UPDATED:**	
Employer Name:	Capital Health	Employer Name:	
Business Address:	1J2 WMC University of Alberta Hospital 8440 - 112 Street	Business Address:	
Bus. City, Prov.:	Edmonton, AB	Bus. City, Prov.:	
Bus. Postal Code:	T6G 2B7	Bus. Postal Code:	
General Phone:		General Phone:	407-3652
General Fax:	(780) 407-7556	General Fax:	
General E-Mail:		General E-Mail:	
Direct Phone:	(780) 407-3725	Direct Phone:	
Direct Fax:	(780) 407-7556	Direct Fax:	
Direct E-Mail:	amerali@cha.ab.ca	Direct E-Mail:	allaudin.merali@capitalhealth.c
Position/Title:	Executive Vice President & CFO	Position/Title:	
Seniority Level: (see chart on reverse)	Executive	Seniority Level: (see chart on reverse)	
Sector/Subsector: (see chart on reverse)	Sector: Government; Subsector: Health Institutions	Sector/Subsector: (see chart on reverse)	Sector: ; Subsector:

2. **MAIL PREFERENCES**

Please check your current mail preferences. If you wish to alter your preference, please check (√) the appropriate box in the right-hand column. For more details on the types of mailings listed below, please see the schedule on the last page.

MAIL PREFERENCES – (see chart on last page for detailed description of mail preferences)

CURRENT MAIL PREFERENCES:		MAIL PREFERENCES TO BE UPDATED:				
		Distribution Method: (Select one only)		Preferred: (Select one only)		Suppress:
Mail Type:	Current Preferences:					
Catalog	Post - Bus.	☐ Post	☐ E-mail	☐ Home	☐ Bus.	☐ s
Courier/Freight Delivery	Post - Bus.	☐ Post		☐ Home	☐ Bus.	n/a
CPD Confirmation	Post - Bus.	☐ Fax	☐ E-mail	☐ Home	☐ Bus.	n/a
General Correspondence	Post - Bus.		☐ E-mail	☐ Home	☐ Bus.	n/a
Monthly Mailing Package	Post - Bus.		☐ E-mail	☐ Home	☐ Bus.	☐ s
Publication	Post - Bus.	☐ Post		☐ Home	☐ Bus.	☐ s
Regulatory Information	Post - Bus.	☐ Post		☐ Home	☐ Bus.	n/a
Tax Receipt/Invoice	Post - Home	☐ Post		☐ Home	☐ Bus.	n/a
Urgent Member Notices	E-Mail - Bus.		☐ E-mail	☐ Home	☐ Bus.	☐ s

KNT-APPLICANT COPY APR-2007 - EXEC

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Non-Responsive

CAPITAL HEALTH
JAN 08 2008
EXECUTIVE VICE PRESIDENT

Name:	Employee Number:	Union Name: N/A
Position:	Department:	
Business Phone:	Period From: Aug 20 to AUg 24/07 MEDINFO Conference, Australia	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71125200005	~~61540000~~ 61030000	$4,510.00	0.9460	$4,266.46	☐
							☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$4,266.46	☐

Capital Health RECEIVED JAN 14 2008 ACCOUNTS PAYABLE

Capital Health RECEIVED MAY 16 2007 ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signatur	Non-Responsive	Date: MAY 09 2007

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: Allaudin Merali *(Print name)*	Title: EVP/CFO	Phone # 407-3652
(Signature) A Merali		Date May 12/07
Approved By: *(Print name)*	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Apr 6/07		Non-Responsive		$1,560.00			
Apr 6/07	Registration for MEDINFO 07			1,470.00	← fw		
	- for Allaudin Merali						
May 4/07		Non-Responsive		1,480.00			
						Total km	
				fw		Rate as outlined in Section 2 – Travel below @	
Totals				AUS: $4,510.00			

Total CAD: $4266.46

Rate = 0.946 (Reasonable) ✓

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.50 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $10.75 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $19.20 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Iggulden, Kathy

From: Strating, Donna
Sent: Sunday, April 22, 2007 9:39 AM
To: Iggulden, Kathy
Subject: FW: Transaction Receipt (Ref:MED2007-2654)

Donna Strating
Vice President, Information Systems and Equipment & Chief Information Officer

Office 780-735-0444
Cell 780-720-3227
Fax 780-735-0446

Administrative Assistant - 735-0445

-----Original Message-----
From: Merali, Allaudin
Sent: Saturday, April 21, 2007 4:57 PM
To: Strating, Donna
Subject: FW: Transaction Receipt (Ref:MED2007-2654)

-----Original Message-----
From: [mailto:Administrator@HISA.local]
Sent: Friday, April 06, 2007 10:03 PM
To: Merali, Allaudin
Subject: Transaction Receipt (Ref:MED2007-2654)

To Mr Allaudin Merali
Subject: Electronic Receipt from D2_MEDINFO 2007

Our Reference : MED2007-2654-MEDINFO2007663

Thank you for your successful transaction. Our Payment Gateway has returned the status of this transaction as : TRANSACTION APPROVED.

If you have any queries with this transaction, please contact the merchant at

A copy of your receipt is attached below. Please retain this to assist us if you have any queries.

April 7, 2007 - 04:02:52 AM
VISA CARD

s.17(1), 17(4)(e.1)

AUTHORIZATION NUMBER: MEDINFO2007663
TOTAL: 1470.00
REFERENCE NUMBER: MED2007-2654
MERCHANT NAME: HISA Ltd

Australian Dollars

PLEASE RETAIN AS RECORD OF PURCHASE

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **May 15, 2007**	Invoice Number	PO #
Vendor Name **Canadian College of Health Service Executives - Northern Alberta Chapter**		Vendor Number
Address **c/o Blayne Iskiw, CHC, 2nd Floor, North Tower, 10030-107 St.**		City **Edmonton**
Province/State **AB**	Postal Code **T5J 3E4**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Registration Power BReakfast - May 15/07 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☐ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - - EX 6 Foo)

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***6950000***	***$20.00***		***$20.00***

Capital Health RECEIVED JUN 06 2007 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$20.00***		***$20.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date June 5/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date June 6/07
Approved by *(Print name)*	*(Signature)*	Phone #
Title:	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

APPLICANT COPY

CAPITAL HEALTH
JUN 0 5 2007
EXECUTIVE VICE PRESIDENT & CFO

Canadian College of
Health Service Executives
Collège canadien des
directeurs de services de santé

CANADIAN COLLEGE OF HEALTH SERVICE EXECUTIVES
NORTHERN ALBERTA CHAPTER

INVOICE

May 15, 2007

Allaudin Merali, Executive V.P. & CFO
WMC, 1J2.56
University of Alberta Hospital
8440 112 Street
Edmonton, AB T6G 2B7

Canadian College of Health Services Executives - 1 session – May 15, 2007		$20.00
(Power Breakfast Program) – All 6 sessions		$0.00
	GST	$0.00
	Courier	$0.00
	TOTAL	$20.00

Please make cheque payable to:
Northern Alberta Chapter, CCHSE

Please send cheque to:
Blayne Iskiw
Capital Health Centre,
2nd Floor, North Tower
10030 107 Street
Edmonton AB T5J 3E4

Phone: (780) 735-0667

Corrigan, Trudy

From: Dahl, Holly
Sent: Monday, June 04, 2007 5:37 PM
To: Merali, Allaudin
Subject: Invoice for May 15th NAC-CCHSE Breakfast

Attachments: MERALI ALLAUDIN MAY 15 2007 CCHSE Invoice.doc

Allaudin:

Please find attached the invoice for the May 15th NAC-CCHSE breakfast that you were registered for, but unable to attend.



MERALI
DIN MAY 15 200

Holly Dahl
Administrative Assistant for
NAC-CCHSE
c/o Chronic Disease Management
Edmonton General Hospital
10R09, 11111 Jasper Avenue
Edmonton, AB T5K 0L4
(780) 413-7761

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Require fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **May 22/07**	Invoice Number **1430**	PO #
Vendor Name **CCAF-FCVI Inc.**		Vendor Number
Address **291, rue Olmstead Street**		City **Ottawa (Vanier)**
Province/State **Ont**	Postal Code **K1L 7J9**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Membership Renewal - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** membership ☐ No, exemption # - - EXEMPT

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$159.00***		***$159.00***

Capital Health RECEIVED JUN 08 2007 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$159.00***		159.00 ~~$159.00~~

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION OK

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date June 6/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date June 6/07
Approved by *(Print name)*	*(Signature)*	Phone #
Title:	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

MK

APPLICANT COPY

CCAF-FCVI Inc.
291, rue Olmstead Street, Ottawa (Vanier), Ontario, CANADA K1L 7J9
Tel / Télép : (613) 241-6713 Fax / Téléc : (613) 241-6900
Email / Adresse courriel : info@ccaf-fcvi.com www.ccaf-fcvi.com

Invoice
Facture

To/À

Mr. Allaudin Merali, CA
Vice-President, Finance & Administration
Capital Health Authority
8440 - 112 Street, 1J2 Walter MacKenzie
Edmonton, Alberta T6G 2B7
Canada

Telephone / Téléphone : (780) 407-3652
Email / Adresse courriel : amerali@cha.ab.ca

No. 1430

Date May 22, 2007

Member Number / N° de membre 1430

Quantity / Quantité	Unit / Unité	Description	GST/HST TPS/THPS	Amount / Montant
1	each	Annual membership dues: April 1, 2007- March 31, 2008 Cotisation annuelle: 1er avril 2007 - 31 mars 2008		$150.00
		GST/TPS Registration Number/Numéro d'inscription R106882368	6%	9.00
			Total	$159.00

- Cheques are payable to CCAF-FCVI Inc. / Prière de faire le cheque à l'ordre de la CCAF-FCVI Inc.
- Membership dues are payable in Canadian funds upon receipt of invoice / La cotisation annuelle est payable en dollars canadiens sur réception de la facture
- Note member number on remittance / Notez votre numéro de membre sur votre chèque

Payment Options / Modes de paiement

- ☐ Payment Enclosed / Paiement inclus
- ☐ Credit Card / Carte de crédit
  - ☐ Visa ☐ Mastercard

Credit Card Number / No de la carte

Expiry Date / Date d'expiration m/y / m/a

Card Holder Name / Nom du détenteur

Signature

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are invoice date, invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **July 5/07**	Invoice Number **43723**	PO #
Vendor Name **Financial Executives International Canada(FEI)**		Vendor Number
Address **200, 20 AdelaideStreet East**		City **Toronto**
Province/State **ON**	Postal Code **M5C 2T6**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **National Membership Fees 2007/08 - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f Membership** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	66020000	$525.00		$525.00

Capital Health RECEIVED JUL 19 2007 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	TOTAL	$525.00		$525.00

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date July 16/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* per Rudy	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date July 18/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone #
Title: **President & CEO**	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

MP

November 2006, CH -0148

APPLICANT COPY

Financial Executives International Canada
200 - 20 Adelaide Street East
Toronto ON M5C 2T6
Tel: (416) 366-3007 Fax: (416) 366-3008

RENEWAL NOTICE

MEMBER NO.	DATE	INVOICE
816943	2007/07/05	43723

MR. ALLAUDIN MERALI
VICE PRESIDENT, FINANCE & ADMINSTRATION
CAPITAL HEALTH
8440 - 112 STREET
EDMONTON AB T6G 2B7

Chapter: Edmonton
Fax: (780) 407-7556

For the year ending 30/09/2008

National Annual Dues: Active	$525.00

Membership Dues are subject to GST but not HST or PST.

Membership in Financial Executives International Canada is on an individual basis and is not transferable to another person. This membership renewal confirms your continuing adherence to the FEI Code of Ethics reproduced overleaf.

Retired? Unemployed? Starting a consulting practice?
Call us for a special reduced rate!

Transfer to nearest chapter: Yes / No

	Sub-total	$525.00
GST registration # R107383002 RT	GST	$0.00
*Include charitable donation to CFERF (Optional)		$ 75.00 ☐ (Tick) Opt In

*This is an optional charitable donation made by the member in support of the Canadian Financial Executives Research Foundation (CFERF) and is tax deductible.

A charitable tax receipt for this donation will be issued. Donations are not subject to GST.

	Total	with CFERF
Total payable before Anniversary: October 01, 2007	$525.00	$600.00
Total payable after Anniversary: October 01, 2007	$575.00	$650.00

DUE UPON RECEIPT

Total Payment Enclosed

Mr. Allaudin Merali 816943

Method of payment:

☐ American Express ☐ Mastercard ☐ Visa ☐ Cheque Enclosed

Card Number _____ Expiry Date _____

Signature _____

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

APPLICANT COPY

Financial Executives International Canada
200 - 20 Adelaide Street East
Toronto ON M5C 2T6
Tel: (416) 366-3007 Fax: (416) 366-3008

CAPITAL HEALTH
JUL 16 2007
EXECUTIVE VICE PRESIDENT & CFO

RENEWAL NOTICE

MEMBER NO.	DATE	INVOICE
816943	2007/07/05	43723

MR. ALLAUDIN MERALI
VICE PRESIDENT, FINANCE & ADMINSTRATION
CAPITAL HEALTH
8440 - 112 STREET
EDMONTON AB T6G 2B7

Chapter: Edmonton
Fax: (780) 407-7556

For the year ending 30/09/2008

National Annual Dues: Active	$525.00

Membership Dues are subject to GST but not HST or PST.

Membership in Financial Executives International Canada is on an individual basis and is not transferable to another person. This membership renewal confirms your continuing adherence to the FEI Code of Ethics reproduced overleaf.

Retired? Unemployed? Starting a consulting practice?
Call us for a special reduced rate!

Transfer to nearest chapter: Yes / No

	Sub-total	$525.00
GST registration # R107383002 RT	GST	$0.00
*Include charitable donation to CFERF (Optional)		$ 75.00 ☐ (Tick) Opt In

*This is an optional charitable donation made by the member in support of the Canadian Financial Executives Research Foundation (CFERF) and is tax deductible.

A charitable tax receipt for this donation will be issued. Donations are not subject to GST.

	Total	with CFERF
Total payable before Anniversary: October 01, 2007	$525.00	$600.00
Total payable after Anniversary: October 01, 2007	$575.00	$650.00

DUE UPON RECEIPT

Total Payment Enclosed

Method of payment:

Mr. Allaudin Merali 816943

☐ American Express ☐ Mastercard ☐ Visa ☐ Cheque Enclosed

Card Number _____ Expiry Date _____

Signature _____

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are invoice date, invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **July 27/07**	Invoice Number	PO #
Vendor Name **Canadian Business**		Vendor Number
Address **Box 864 Stn. Main**		City **Markham**
Province/State **Ont**	Postal Code **L3P 8J3**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Subscription Renewal**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number EX6F001

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66040000***	***$37.05***		***$37.05***

Capital Health RECEIVED JUL 30 2007 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$37.05***		***$37.05***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date July 27/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date July 30/07
Approved by *(Print name)*	*(Signature)*	Phone #
Title:	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

APPLICANT COPY

CANADIAN BUSINESS

Box 864 Stn. Main
Markham, ON L3P 8J3

INVOICE #2

AMOUNT DUE	DUE DATE
$37.05	Aug 03, 07

Your account number is 0124681933 B07192003

CBU0124681933071272012555203705014950000000304

MR ALLAUDIN MERALI
1J2 WMC
8440 112 ST NW
EDMONTON AB T6G 2B7

☑ Cheque ○ Visa ○ Mastercard ○ Amex

CARD N° _____ EXP. DATE ____/____

SIGNATURE _____

○ BEST DEAL! Add another year for only $25 (plus tax) to your payment!

⑈16254⑈900⑈ 96

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Nov 1/07**	Invoice Number	PO #
Vendor Name **OAUG**		Vendor Number
Address **3525 One Piedmont Road, Building Five, Suite 3000**		City **Atlanta**
Province/State **GA**	Postal Code **30305**	Country **USA**

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Membership Renewal - Allaudin Merali**

Company ID# 4320 * needs to be referenced on cheque

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$595.00***		***$595.00***

RECEIVED
NOV 0 8 2007
ACCOUNTS PAYABLE

Currency *(select one)*

☐ Canadian	☒ U.S.	☐ Other	**TOTAL**	***$595.00***		***$595.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Nov 2/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone #
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date Nov-3/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone #
Title: **President & CEO**	Signing Authority Level **#2**	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

MEMBERSHIP INVOICE

Date: November 1, 2007

To: Allaudin Merali
Capital Health
1J2 Walter MacKenzie Centre
8440 - 112 Street
Edmonton AB T6G 2B7
CANADA

Company ID 4320

Quantity	Description	Unit Price	Amount Due
1	1 Membership	595	$595.00

Thank you for your support of the OAUG!

If your payment is by check or money order, please remember to print this letter and mail it along with your payment to:

OAUG
3525 Piedmont Road
Building Five
Suite 300
Atlanta, GA 30305
USA

NOTE: When paying by wire transfer, please be sure to reference your company name (Capital Health) and company ID (4320), and indicate that the transfer is for OAUG Membership Fees. If you have any questions regarding this information, please feel free to contact our membership department at membership@oaug.com.

Bank Information for Wire Transfers:

Please contact the OAUG Membership Department for information.

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are invoice date, invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Jan 2/08**	Invoice Number **6802**	PO #
Vendor Name **Institute of Corporate Directors**		Vendor Number
Address **602-40 University Avenue**		City **Toronto**
Province/State **Ont**	Postal Code **M5J 1T1**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Annual Fees - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☐ Yes describe ☐ No, exemption # - -

GR

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$395.00***		***$395.00***

Capital Health RECEIVED JAN 03 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$395.00***		***$395.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Dec 19/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date Dec 18/07
Approved by *(Print name)* **Sheia Weatherill**	*(Signature)*	Phone #
Title: **CEO** S Weatherill	Signing Authority Level #	Date Jan. 2/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

INSTITUTE OF CORPORATE DIRECTORS
INSTITUT DES ADMINISTRATEURS DE SOCIÉTÉS

APPLICANT COPY

602-40 University Avenue
Toronto, ON, M5J 1T1
Tel: (416) 593-7741 Fax: (416) 593-0636
Website: www.icd.ca Email: admin@icd.ca

INVOICE

Bill To	Invoice Date	Invoice Number
	02/01/2008	**6802**

Mr. Allaudin Merali (5673)
Executive Vice-President & Chief Financial Officer
Capital Health
1J2 WMC, 8440 -112 Street
Edmonton, AB T6G 2B7

Please include invoice number with all payments.

Item	Description	Qty	Unit Cost	Amount
ANNU_FEES	Annual Fees	1	$395.00	$395.00

For the period February 01, 2008 to January 31, 2009

Business Address:
1J2 WMC, 8440 -112 Street
Edmonton, AB T6G 2B7

Tel: (780) 407-3652 Fax: (780) 407-7556
Email: amerali@cha.ab.ca

Home Address:

Tel: s.17(1), 17(4)(g)(i)

THANK YOU FOR YOUR CONTINUED SUPPORT

Subtotal	$395.00
PST/QST:	$0.00
GST/HST:	$0.00
TOTAL PAYABLE:	**$395.00**

GST# 12179 8201

Membership dues must be paid by the anniversary date (02/01/2008)

Please visit our Website at www.icd.ca <http://www.icd.ca> to update your personal profile.
Address information contained in your profile is used for mailing purposes.

CAPITAL HEALTH
DEC 18 2007
EXECUTIVE VICE PRESIDENT

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **March 3/08**	Invoice Number **HBC08-36**	PO #
Vendor Name **Conference Secretariat: Buksa Associates**		Vendor Number
Address **.Suite 307, 10328-81 Avenue NW**		City **Edmonton**
Province/State **AB**	Postal Code **T6E 1X2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **CCHSE BReakfast Ticket - C. Purdy**

(April 15/08)

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***69500000***	***$20.00***		***$20.00***

Capital Health RECEIVED APR 30 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$20.00***		***$20.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date April 29/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date April 29/08
Approved by *(Print name)*	*(Signature)*	Phone #
Title:	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

TAX INVOICE

APPLICANT COPY

2008 Health Boards Conference

Hosted by: Health Boards of Alberta GST# R106693534

The Westin Edmonton | April 14 - 16, 2008 | Edmonton, Alberta

Cheques payable, Conference Secretariat: BUKSA Associates Inc.
Mail to: Suite 307, 10328-81 Avenue NW, Edmonton, AB T6E 1X2

TO: Mr. Allaudin Merali
Capital Health
1J2 WMC, 8440 - 112 Street
EDMONTON AB T6G 2B7 CANADA

Invoice No.	**HBC08-36**
Page	1
Date	03/03/2008
Reference	336

Details	Total
Functions	
CCHSE Breakfast Ticket(s) Member Ticket - GST Exempt (x1) *	**20.00**

TOTAL	**20.00**

The total amount payable includes 0.00 GST.

* Item is not taxable, or is a deposit on a service to be provided by another supplier.

TOTAL PAID: 0.00

TOTAL OWING: 20.00

APPLICANT COPY

Corrigan, Trudy

From: health@BUKSA.com
Sent: Monday, April 28, 2008 10:57 AM
To: Corrigan, Trudy
Subject: Health Boards Conference - Past Due Invoice
Attachments: Purdy_Invoice.pdf

Dear Ms. Corrigan

Please find attached a copy of a past due invoice for a breakfast ticket from the Health Boards conference April 14 - 16, 2008 for Ms. Colleen Purdy. Our records show that she was unable to attend the breakfast. However, as the breakfast was not cancelled before the conference the fee is still due. Please let me know if you have any questions.

Best Regards,

<<Purdy_Invoice.pdf>>

Angela Durrant
Registration Coordinator
B U K S A | Conference Management and Program Development
Suite 307, 10328 - 81 Avenue NW
Edmonton, AB T6E 1X2
Telephone (780) 436-0983 Ext. 226
Toll Free (866) 436-0983
Facsimile (780) 437-5984
++++
Angela@buksa.com
www.buksa.com

This communication is intended solely for the addressee and may contain confidential, personal and/or privileged information. Access to this email by anyone else is unauthorized. If you are not the intended recipient, it is prohibited to copy, disclose, distribute, or take action on the communication. If it has been received in error, please contact BUKSA Associates Inc., and delete the communication. Think of the environment before you decide to print this email.

BUKSA Associates Inc. is a Leader in Strategic Conference Management Services in Health Care.

Celebrating our 14th year.

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **March 7/08**	Invoice Number **40573**	PO #
Vendor Name **COACH**		Vendor Number
Address **250 Consumers Rd., Suite 301**		City **Toronto**
Province/State **ON**	Postal Code **M2J 4V6**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **2008/09 Membership Dues - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$185.00***	***$9.25***	***$194.25***

Capital Health RECEIVED MAR 12 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$185.00***	***$9.25***	***$194.25***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 7/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date March 8/08
Approved by *(Print name)* SHEILA WEATHERILL	*(Signature)*	Phone #
Title: CEO	Signing Authority Level #1	Date March 11/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
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APPLICANT COPY

ASSOCIATION CANADIENNE D'INFORMATIQUE DE LA SANTÉ

COACH
CANADA'S HEALTH INFORMATICS ASSOCIATION

COACH National Office
250 Consumers Rd.
Suite 301
Toronto, ON
Canada
M2J 4V6
TEL:416-494-9324
Toll Free:1-888-253-8554
Fax:416-495-8723
E-Mail:info@coachorg.com
Website:www.coachorg.com

Order #41721

2008-2009 Membership Dues

BILL TO:	**ALLAUDIN MERALI** EXECUTIVE VICE PRESIDENT & CFO CAPITAL HEALTH 1J2 WMC, 8440-112 STREET EDMONTON AB T6G 2B7	**SHIP TO:**	Same
DATE ENTERED:	03/07/2008	**SHIPPING TYPE:**	None
ENTERED BY:	Allaudin Merali	**SHIP DATE & CONFIRM#:**	

ORDER DETAILS

CODE	DESCRIPTION	QTY	PRICE	DISC	TAX	AMOUNT
PRC23348	Individual Membership Dues	1	$185.00	$0.00	GST 5%	$185.00

GST/TPS Reg #12450 1529 RT0001
PST/TVP Reg #N/A

Subtotal:	$185.00
GST/HST:	$9.25
PST:	$0.00
ORDER TOTAL:	$194.25
COMPLETED PAYMENTS:	$0.00
***BALANCE DUE:**	**$194.25**

* based on the successful completion of all financial transactions (i.e. no NSF cheques or declined/disputed Credit Card transactions), including scheduled payments.

Please note that until your Membership Invoice has been paid, you will not be listed as an active member.

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Mar 11/08**	Invoice Number **559920010**	PO #
Vendor Name **MPL Communications Inc.**		Vendor Number
Address **133 Richmond St. W.**		City **Toronto**
Province/State **Ont**	Postal Code **M5H 3M8**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Subscription Renewal - Canadian Health Care Management**

(1 year)

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66040000***	***$366.45***		***$366.45***

Capital Health RECEIVED MAR 12 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian ☐ U.S. ☐ Other | **TOTAL** | ***$366.45*** | | ~~***$369.94***~~ 366.45

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 11/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)*	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date
Approved by *(Print name)*	*(Signature)* A Merali	Phone #
Title:	Signing Authority Level #	Date March 12/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

MPL COMMUNICATIONS INC.

700-133 RICHMOND ST. W., TORONTO, CANADA M5H 3M8

G.S.T. # R121844328

Your confidential account number
559920010

DATE MAR-04-2008

R38071
19

Renewal: CDN. HEALTH CARE MANAGEMENT
Amount: (✓) $366.45/yr OR
( ) $659.40/2-yr

ALLAUDIN MERALI
CAPITAL HEALTH AUTHORITY
1J2 WMC 8440 112 ST
EDMONTON AB T6G 2B7

☑ Payment enclosed

Instead charge to:

☐ Visa ☐ Mastercard ☐ Amex

No. _____

Expires _____

☞ *Please check appropriate box above and return this top portion today. Thank you very much.*

APPLICANT COPY

109

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **March 13/08**	Invoice Number **UA051300**	PO #
Vendor Name **University of Alberta**		Vendor Number
Address **Financial Services, Attn. Accounts Payable, 3rd Flr Admin Bldg.**		City **Emdonton**
Province/State **AB**	Postal Code **T6G 2M7**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Governance Forum - Enterprise Risk Mangment - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***61540040***	***$65.00***		***$65.00***

Capital Health RECEIVED MAR 27 2006 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$65.00***		***$65.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 20/06
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date March 24/06
Approved by *(Print name)* **Sheila Weatehrill**	*(Signature)*	Phone # **407-8008**
Title: **CEO** Weather	Signing Authority Level #	Date March 26/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

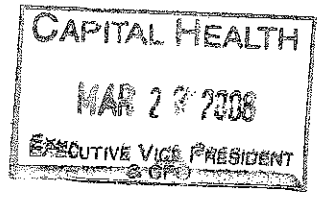
November 2006, CH -0148

APPLICANT COPY

Please remit payment & make cheques payable to:

University of Alberta
Financial Services
Attn: Accounts Receivable
3rd Floor Admin. Bldg.
Edmonton AB T6G 2M7





INVOICE

Bill To:

Capital Health
Attn: Allaudin Merali
1J2- WMC
8440-112 Streeet
Edmonton AB T6G 2B7

Invoice No: UA051300
Invoice Date: March 13, 2008
Customer Number: GAR12673
PO Reference: Governance Forum
Payment Terms: NET 30
Due Date: April 12, 2008

AMOUNT DUE: $65.00 CAD

GST Registration Number: 108102831

Description	Quantity	Price	Net Amount	GST	Amount
Governance Forum Enterprise Risk Governance - the Role of the Board of Management and of Internal Audit March 7, 2008					
Governance Forum Registration Fees For: Allaudin Merali	1.0000 EA	65.00	65.00	0.00	65.00

Payment Inquiries: Accounts Receivable
780 492 0698
fs.requests@ualberta.ca

Subtotal	65.00
GST	0.00
TOTAL	$ 65.00

Billing Department: School of Business
Billing Inquiries: (780) 492-5649

Original

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **March 26/08**	Invoice Number **1430**	PO #
Vendor Name **CCAF-FCVI Inc.**		Vendor Number
Address **291, rue Olmstead Street**		City **Ottawa (Vanier)**
Province/State **Ont**	Postal Code **K1L 7J9**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Membership Renewal - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	**9000**	**71115000006**	**66020000**	~~$157.50~~ 150.00	7.50	**$157.50**

Capital Health RECEIVED MAR 31 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	~~$159.00~~ 150.00	7.50	**$159.00**

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 26/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date March 27/08
Approved by *(Print name)*	*(Signature)*	Phone #
Title:	Signing Authority Level #	Date March 26/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

APPLICANT COPY

CCAF-FCVI Inc.
291, rue Olmstead Street, Ottawa (Vanier), Ontario, CANADA K1L 7J9
Tel / Télép : (613) 241-6713 Fax / Téléc : (613) 241-6900
Email / Adresse courriel : info@ccaf-fcvi.com www.ccaf-fcvi.com

Invoice
Facture

To/À

Mr. Allaudin Merali, CA
Vice-President, Finance & Administration
Capital Health Authority
8440 - 112 Street, 1J2 Walter MacKenzie
Edmonton, Alberta T6G 2B7
Canada

Telephone / Téléphone : (780) 407-3652
Email / Adresse courriel : amerali@cha.ab.ca

No. 1430

Date Mar 25, 2008

Quantity Quantité	Unit Unité	Description	GST/HST TPS/THPS	Amount Montant
1	each	Annual membership dues: April 1, 2008 – March 31, 2009 Cotisation annuelle: 1er avril 2008 – 31 mars 2009		$150.00
		GST/TPS	5%	7.50
		Registration Number/Numéro d'inscription R106882368		
			Total	$157.50

- Cheques are payable to CCAF-FCVI Inc. / Prière de faire le cheque à l'ordre de la CCAF-FCVI Inc.
- Membership dues are payable in Canadian funds upon receipt of invoice / La cotisation annuelle est payable en dollars canadiens sur réception de la facture
- Note member number on remittance / Notez votre numéro de membre sur votre chèque

Payment Options / Modes de paiement

- ☐ Payment Enclosed / Paiement inclus
- ☐ Credit Card / Carte de crédit
  - ☐ Visa ☐ Mastercard

Credit Card Number
No de la carte

Expiry Date
Date d'expiration
m/y / m/a

Card Holder Name
Nom du détenteur

Signature

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

	Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments			
6(c)	Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
		• Level 3 and Level 4	$1,000,000
		• Level 4	$ 500,000
		• Level 5	$ 250,000
		• Level 6	$ 100,000
		• Level 7	$ 50,000
6(f)	Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
		• Level 4 with Level 3	$ 100,000
		• Level 4	$ 20,000
		• Level 5	$ 10,000
		• Level 6	$ 5,000
		• Level 7	$ 1,000
		No other payments without contracts or PO's will be allowed	

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **April 2/08**	Invoice Number **1000446073**	PO #
Vendor Name **Institute ofChartered Accountants of Alberta**		Vendor Number
Address **580 Manulife Place, 10180-101 Street**		City **Edmonton**
Province/State **AB**	Postal Code **T5J 4R2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **2008/09 Member Fees - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$1,485.00***	***$74.25***	***$1,559.25***

RECEIVED APR 08 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	TOTAL	***$1,485.00***	***$74.25***	***$1,559.25***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date April 2/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date April 2/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone #
Title: **CEO**	Signing Authority Level #	Date April 4/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

APPLICANT COPY

Institute of Chartered Accountants of Alberta
580 Manulife Place
10180 – 101 Street
Edmonton AB T5J 4R2

Edmonton (780) 424-7391; Toll Free 1-800-232-9406
Fax (780) 425-8766
Website: www.icaa.ab.ca

2008/2009 Member Fees

G.S.T. REG# R107508533

Member #: 14624
Invoice #: 1000446073

A.S. MERALI, CA•IT

s.17(1), 17(4)(g)(i)

INVOICE

CICA (Paid to Alberta)	$445.00
ICAA (Resident)	$640.00
TOTAL MEMBERSHIP DUES:	$1,085.00
DESIGNATION FEES*	$400.00
TOTAL FEES	$1,485.00
GST	$74.25
TOTAL AMOUNT DUE	**$1,559.25**

*Includes fees for designations: CA•IT ($400.00)

DUE DATE: APRIL 1– 61 days to pay without penalty LATE PAYMENT PENALTY IS 5% PER MONTH	
Amount payable June 1 – June 30	$1,637.21
Amount payable July 1 – July 31	$1,715.17
Amount payable Aug. 1 – Aug. 31	$1,793.13
FINAL PAYMENT DEADLINE: AUGUST 31 Automatic suspension and publication if not paid by Aug. 31	
INCOME TAX RECEIPT REQUIRED: ☐ No	☐ Yes

A. MEMBER DECLARATION – TO BE COMPLETED, SIGNED AND RETURNED WITH APPROPRIATE PAYMENT BY MAY 31

- ☑ My billing status is **unchanged** from that indicated above. My fees are enclosed (if applicable).
- ☐ My billing status is **changed** from that indicated above (proceed to sections B & C below – refer to information provided on reverse)

B. CHANGED CICA OR ICAA FEES – COMPLETE BELOW

CICA fees change:

- ☐ CICA fees are deducted; they are now paid to the _____ provincial Institute.
- ☐ CICA fees are added, I wish to pay this fee through the Alberta Institute.

ICAA fees change:

- ☐ Non-resident fees are included (and resident fees deducted) since I no longer reside in Alberta **and** I am a member of another provincial Institute or a **recognized** foreign accounting organization.
- ☐ Resident fees are included (and non-resident fees deducted) since I now reside in Alberta or I am no longer eligible for non-resident fees.

C. FEES REDUCTION (INITIAL APPLICATION OR CHANGE) – CHECK ONLY **ONE** BOX BELOW

Active earnings criteria: Member is not gainfully employed such that earnings from **all** types of employment or business do not exceed $20,000 (or $20,000 plus annual tuition if enrolled in full-time university education).

- ☐ I declare that I meet the active earnings criteria (above). I have reduced my ICAA & CICA fee amounts by **50%**, adjusted GST and remitted accordingly.
- ☐ I declare that I meet the active earnings criteria (above) **AND** my age plus years of CA membership in a **recognized** accounting organization equals 90 or more. I have reduced my ICAA & CICA fee amounts by **75%**, adjusted GST and remitted accordingly.
- ☐ I declare that I meet the active earnings criteria (above) **AND** my age is 70 or more years. I have reduced my ICAA & CICA fee amounts by **100%**.
- ☐ I declare that I meet the active earnings criteria (above) due to long term health problems. I have reduced my ICAA & CICA fee amounts by **100%**.
- ☐ I no longer meet the active earnings criteria for a reduction in fees, my membership registration should return to my former fee paying rate. I have removed the reduction granted me and enclose the full ICAA & CICA fee amounts along with the appropriate GST.

Member signature: Merali

Date: Apl 2/2008

REMITTANCE COPY – RETURN WITH YOUR PAYMENT

APPLICANT COPY

MEMBERSHIP DETAILS

Allaudin Shivji MERALI, CA•IT

Member # 14624

1. CURRENT CONTACT DETAILS

The details displayed in the "Current Contact Information" below were extracted from the Institute's current database records. Please clearly print any changes to your contact information in the "Updated Contact Information" below.

CURRENT CONTACT INFORMATION			UPDATED CONTACT INFORMATION		
HOME:			**HOME DETAILS TO BE UPDATED:**		
Home Address:	s.17(1), 17(4)(g)(i)		Home Address:		
Home City, Prov.:			Home City, Prov.:		
Home Postal Cd:			Home Postal Cd:		
Home Phone:			Home Phone:		
Home E-Mail:			Home E-Mail:		
Home Fax:			Home Fax:		
Home Cell:			Home Cell:		
BUSINESS:			**BUSINESS DETAILS TO BE UPDATED:**		
Employer Name:	Capital Health		Employer Name:		
Business Address:	1J2 WMC University of Alberta Hospital 8440 - 112 Street		Business Address:		
Bus. City, Prov.:	Edmonton, AB		Bus. City, Prov.:		
Bus. Postal Code:	T6G 2B7		Bus. Postal Code:		
General Phone:	780-407-7556		General Phone:	407 - 3652	
General Fax:			General Fax:		
General E-Mail:			General E-Mail:		
Direct Phone:	780-407-3725		Direct Phone:		
Direct Fax:	780-407-7556		Direct Fax:		
Direct E-Mail:	allaudin.merali@capitalhealth.ca		Direct E-Mail:		
Position/Title:	Executive Vice President & CFO		Position/Title:		
Seniority Level: (see chart on reverse)	Executive		Seniority Level: (see chart on reverse)		
Sector/Subsector: (see chart on reverse)	Sector: Government	Subsector: Health Institutions	Sector/Subsector: (see chart on reverse)	Sector	Subsector

2. MAIL PREFERENCES

Please check your current mail preferences. If you wish to alter your preference, please check (√) the appropriate box in the right-hand column. For more details on the types of mailings listed below, please see the schedule on the last page.

MAIL PREFERENCES – (see chart on last page for detailed description of mail preferences)

CURRENT MAIL PREFERENCES:		MAIL PREFERENCES TO BE UPDATED:				
		Distribution Method: (Select one only)		Preferred: (Select one only)		Suppress:
Mail Type:	Current Preferences:					
Catalog	Post - Bus.	☐ Post	☐ E-mail	☐ Home	☐ Bus.	☐ s
Courier/Freight Delivery	Post - Bus.	☐ Post		☐ Home	☐ Bus.	n/a
CPD Confirmation	Post - Bus.		☐ E-mail	☐ Home	☐ Bus.	n/a
General Correspondence	Post - Bus.		☐ E-mail	☐ Home	☐ Bus.	n/a
Monthly Mailing Package	E-Mail - Bus.		☐ E-mail	☐ Home	☐ Bus.	☐ s
Publication	Post - Bus.	☐ Post		☐ Home	☐ Bus.	☐ s
Regulatory Information	Post - Bus.	☐ Post		☐ Home	☐ Bus.	n/a
Tax Receipt/Invoice	Post - Home	☐ Post		☐ Home	☐ Bus.	n/a
Urgent Member Notices	E-Mail - Bus.		☐ E-mail	☐ Home	☐ Bus.	☐ s

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **May 8//08**	Invoice Number **2480**	PO #
Vendor Name **The Canadian Council for Public-Private Partnerships**		Vendor Number
Address **1 First Canadian Place, 100 King Street West, Suite 1600.**		City **Toronto**
Province/State **ON**	Postal Code **M5X 1G5**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Membership - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)	CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes [ ] No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$300.00***	***$15.00***	***$315.00***

Capital Health RECEIVED MAY 23 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$300.00***	***$15.00***	***$315.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date May 14/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date
Approved by *(Print name)* **Sheila Weatehrill**	*(Signature)*	Phone # **407-8008**
Title: **CEO**	Signing Authority Level #	Date May 22/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

The Canadian Council for Public-Private Partnerships

Le Conseil Canadien pour les Partenariats Public-Privé

INVOICE # 2480

ANNUAL MEMBERSHIP FEE

Date: May 8, 2008

To: Mr. Allaudin Merali
Executive Vice President & CFO, University of Alberta Hospital
Capital Health (Edmonton)
1J2 WMC, 8440 - 112th Street
Edmonton, Alberta
T6G 2B7

Membership Dates:	May 2, 2008, to April 30, 2009
Membership Type:	Public/Non-Profit (Single) Member
Membership Fee:	$ 300.00
GST R138559232:	15.00
Total Amount Due:	**$ 315.00**

Please contact our office should you have any questions regarding this invoice.

Thank-You for Your Continued Support of the Canadian Council.

PAYMENT DUE UPON RECEIPT.

PLEASE REMIT PAYMENT TO THE ADDRESS BELOW.

PLEASE NOTE: DUE TO ONGOING DIFFICULTIES WITH WIRE TRANSFER PAYMENTS, WE WILL NO LONGER ACCEPT PAYMENT USING THIS METHOD.

1 FIRST CANADIAN PLACE, 100 KING STREET WEST, SUITE 1600, TORONTO, ON M5X 1G5
TEL: (416) 861-0500 FAX: (416) 862-7661
E-MAIL: partners@pppcouncil.ca WEBSITE: www.pppcouncil.ca

APPLICANT COPY

The Canadian Council for Public-Private Partnerships

Le Conseil Canadien pour les Partenariats Public-Privé

MEMBERSHIP RENEWAL

Please Renew Our Membership with the Council for the Period:
May 1, 2008 to April 30, 2009

Current Membership Type: Public/Non-Profit (Single) Member

Sponsor: ☐ *$3,500 plus $175 GST = $3,675*

Corporate:
- ☐ *Single* *$700 plus $35 GST = $735*
- ☐ *Multiple* *$900 plus $45 GST = $945*

Public Sector:
- ☐ *Single* *$300 plus $15 GST = $315*
- ☐ *Multiple* *$500 plus $25 GST = $525*

Non-profit:
- ☐ *Single:* *$300 plus $15 GST = $315*
- ☐ *Multiple* *$500 plus $25 GST = $525*

Individual:
- ☐ *Sole Proprietor* *$350 plus $17.50 GST = $367.50*

GST Registration No.: R 138559232

Organization: Capital Health (Edmonton)

Address: 1J2 WMC, 8440 - 112th Street

Edmonton, Alberta T6G 2B7

Principal contact representing your organization in the Council:

Name: Allaudin Merali,

Title: Executive Vice President & CFO, University of Alberta Hospital

Phone: (780) 407-3652 Ext.:

Fax: (780) 407-7556

Email: allaudin.merali@capitalhealth.ca

If you have chosen the "Sponsor" or "Multiple" category, please list up to 9 other contact names with address, phone and fax numbers on a separate page.

Please update and return this renewal with payment to:
1 First Canadian Place, 100 King Street West, Suite 1600, Toronto, Ontario, M5X 1G5
Tel: 416-861-0500 Fax: 416-862-7661 Email: partners@pppcouncil.ca

APPLICANT COPY

Please Update & Return with your Membership Fee - - Thank you

Capital Health (Edmonton)

Membership Type:	Public/Non-Profit (Single) Member
Company Address:	1J2 WMC 8440 - 112 Street University of Alberta Hospital Edmonton, Alberta T6G 2B7
Phone Number:	(780) 407-3652, **Ext.**
Fax Number:	(780) 407-7556
Web Site:	www.cha.ab.ca

Contacts:

Contact Type:	Other
Name:	Mr. Bill Burch,
Title:	Board Member
Address:	8440 - 112 Street, 1J2 WMC
City/Prov/PC:	Edmonton, Alberta T6G 2B7
Phone Number:	(780) 407-6868, **Ext.**
Fax:	(780) 407-3313
Email:	

DELETE

Contact Type:	Primary
Name:	Mr. Allaudin Merali,
Title:	Executive Vice President & CFO, University of Alberta Hospital
Address:	1J2 WMC, 8440 - 112th Street
City/Prov/PC:	Edmonton, Alberta T6G 2B7
Phone Number:	(780) 407-3652, **Ext.**
Fax:	(780) 407-7556
Email:	allaudin.merali@capitalhealth.ca

The Canadian Council for Public-Private Partnerships

Le Conseil Canadien pour les Partenariats Public-Privé

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **May 26/08**	Invoice Number	PO # **1200239891**
Vendor Name **HIMSS Membership**		Vendor Number
Address **6901 Eagle Way**		City **Chicago**
Province/State **IL**	Postal Code	Country **USA - 60678-1690**

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **2008-09 Membership Renewal - Allaudin Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$140.00***		***$140.00***

Capital Health RECEIVED JUN 25 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☐ Canadian	☒ U.S.	☐ Other	**TOTAL**	***$140.00***		***$140.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corriga	Phone # **407-3652**
Title: **Executive Secretary**		Date June 18/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #2	Date June 19/08
Approved by *(Print name)* **Sheila Weatehrill**	*(Signature)* S Weatherill	Phone # **407-8008**
Title: **CEO**	Signing Authority Level #	Date June 24/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

APPLICANT COPY

HIMSS

Healthcare Information and Management Systems Society
Phone: 312/664-HIMSS (4467)
Fax: 312/915-9209
www.himss.org

2008/2009 Membership Renewal

Allaudin Merali
Executive Vice President & CFO
Capital Health
1J2 WMC 8440 112 St
Edmonton, AB T6G 2B7
Canada

Bus Phone: (780)407-3652
Home Phone:
Bus. Fax: (780)407-7556
e-mail: allaudin.merali@capitalhealth.ca

Member ID#: 000009010372
Order #: 1200239891
Invoice Date: 5/26/2008

This is how your record will appear in the on-line directory.
To make any changes to your address, go to http://www.himss.org/asp/member_login.asp

Chapter affiliations (list of chapters if applicable):

No Chapter Affiliation Selected

☑ **I prefer not to be contacted by sources other than HIMSS or HIMSS endorsed membership benefits providers.**

Payment for 2008/2009 Membership Renewal

Services ending June 30 - Payment Due on Receipt

Member ID#: 000009010372
Order #: 1200239891

(Made Payable to HIMSS)

☑ **Check enclosed**
☐ **Please charge to:** ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Amount Due (US$) 140.00

Add 2009/2010 renewal payment _____

Foundation Contribution _____

_____

Credit Card Number: _____

Name on Credit Card: _____ Expiration: _____

Cardholder's Signature: _____

Please indicate whether Foundation Contribution is paid by:
☐ Personal Check ☐ Organization Check

Grand Total $ 140.00

Membership in HIMSS is on an individual basis and is not transferable or refundable.

HIMSS membership dues are not deductible as a charitable contribution but may be deductible as a business expense. To the extent HIMSS engages in lobbying, 7.88% of dues are not deductible as a business expense. Contributions to the HIMSS Foundation are deductible as a charitable contribution for federal income tax purposes to the extent provided by law. The HIMSS Foundation is an educational organization exempt from taxation under 501(c) (3) code of the Internal Revenue Service.
HIMSS Federal Tax ID Number: 36-3906745.

HIMSS regularly sends e-mails describing its products and services. By returning this form, you agree to allow HIMSS to send these promotional e-mails to you. You will have the opportunity to opt out of the e-mail list if you choose.

Return this form with your payment.

Mail to: HIMSS Membership, 6901 Eagle Way, Chicago, IL 60678-1690

Phone# 312-664-4467
Fax# 312-915-9209
Email: membership@himss.org

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

Capital Health

6975

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **June 18.08**	Invoice Number	PO #
Vendor Name **TMAC Edmonton**		Vendor Number
Address **Box 559-21, 10405 Jasper Avenue**		City **Edmonton**
Province/State **AB**	Postal Code **T5J 3S2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Membership Renewal - Capital Health**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)	CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☐ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***66020000***	***$225.00***		***$225.00***

Capital Health RECEIVED JUN 20 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$225.00***		***$225.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date June 18/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date June 19/08
Approved by *(Print name)*	*(Signature)*	Phone #
Title:	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

TMAC – EDMONTON 2008/2009
MEMBERSHIP APPLICATION

Please complete your application and fax to **Brent Houston** at 780-448-6169.

Early Registration Notice -
"Members who submit their registration prior to July 31st will be eligible for a draw of 4 TMAC Edmonton 2008/2009 luncheon coupons"

COMPANY NAME:	CAPITAL HEALTH
MAILING ADDRESS:	152 WMC, 8440-112 STREET
CITY: EDMONTON **PROVINCE:** AB **POSTAL CODE:** T6G 2B7	
REFERRED BY:	

ANNUAL MEMBERSHIP FEES:

☑ **PRIMARY CONTACT** **$225.00**

NAME: ALLAUDIN MERALI TITLE: EXEC. VP & CFO

PHONE: 780-407-3652 FAX: 780-407-7555 EMAIL: allaudin.merali@capitalhealth.ca

☑ **SECONDARY CONTACT**

NAME: COLLEEN PURDY TITLE: SR. FINANCIAL OFFICER

PHONE: 780-407-7848 FAX: 780-407-7556 EMAIL: colleen.purdy@capitalhealth.ca

TOTAL INVOICE AMOUNT: $ 225.00

Please indicate if you would like your Company's Name & contact Information included in a Membership Directory made available to the members.

Yes ☐ No ☑

BILLING INFORMATION:

☑ CHEQUE ☐ VISA ☐ MASTERCARD

NAME ON CARD:	
CARD NUMBER:	**EXPIRY:**
SIGNATURE:	

Mail Cheques to:
TMAC Edmonton
Box 559 – 21
10405 Jasper Avenue
Edmonton, AB T5J 3S2

Membership includes: Each corporate member is entitled to two (2) representatives unless additional members submitted. Additional members can be added at a cost of $100. Each of the representatives will receive a copy of the "***Canadian Treasurer***" magazine. In addition, the corporation will have access to member rates for monthly luncheons, educational seminars and the annual national conference. The membership year runs from July 1 to June 30.

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

KMT-22-FEB-2005-001

APPLICANT COPY

Capital Health

Payment Requisition

Accounting Service
1100 Harley Cou
10045-111 S
Edmonton, Alberta T5K 2M

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date: Jan 27/05	Invoice Number: 20351960B	
Vendor Number (or S.I.N.):	Vendor Name: DINERS CLUB	
Address: P.O. BOX 7000 COMMERCE COURT STATION		City: TORONTO
Province/State: ON	Postal Code: M5L 1C2	Country:

II PAYMENT DETAILS

Reason for payment: Dec 07 Jan/05 - Charges - Diners - Club	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☐ No
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☑ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes	☐ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62410000	91.00		91.00
"	"	"	69600000	277.06		277.06
"	"	"	62414000	976.23		976.23
						1344.31
			Credit			930.08

☑ Canadian ☐ U.S. ☐ Other TOTAL $ 414.23 $ $ 414.23

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*: T. CORRIGAN		Phone #: - 3652
(Signature): T. Corrigan		Date: Feb. 18/05
Approved by *(Print name)*: A. MERALI		Phone #: - 3652
(Signature): A Merali		Date: March 29/05
Approved by *(Print name)*: SHEILA WEATHERILL		Phone #: -
(Signature): Weatherill		Date: March 31/05

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
4) Incomplete/improperly authorized payment requisitions will be returned without processing

April 2002

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

GOLD CARD

Account No : - ALLAUDIN MERALI

Statement Date: 27 JAN 05 Page 1

Previous Balance	Payments Received	New Transactions	Balance Due
930.08CR	0.00	1,344.31	414.23

Thank you for using your Diners Club Card. Please make sure your payment reaches us by 18 FEB 05.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

Prepayment 4314.79
Used for
line:
1,344.31
(414.23)
930.08
3384.71

For statement enquiries, please call our toll-free Customer Service line at 1-800-563-4653

Date	Reference No.	Description	Amount
29 DEC 04-		PREVIOUS BALANCE	930.08CR
		ALLAUDIN MERALI s.17(1), 17(4)(e.1)	
04 JAN 05	0000357	NORMAND'S EDMONTON ,AB Bill Stafford + Dana	277.06 ✓
06 JAN 05	DC050124000071	UNITED AIRLINES EXOAC AMF OHARE	976.25 ✓
		Traveller : MERALI/ALLAUDIN MR	
		Ticket no. : 016 2207467846 3	
		Date : 12 JAN 05 to : 13 JAN 05	
		Routing/class: YEG/ORD/BOS/ORD/YEG	
		V V V V	
		Flight/train : 6978/ 534/ 881/6851	
		Carrier : UA/UA/UA/UA	
		BALANCE DUE	414.23
		Expenses in: Canada: 1,344.31	

Phillips - Strip Mass

APPLICANT COPY

Non-Responsive

EMT-22-FES-2005-001

APPLICANT COPY

Payment Requisition

Capital Health

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date: Feb 3/05	Invoice Number: 204480115		
Vendor Number (or S.I.N.)	Vendor Name: DINERS CLUB		
Address: P.O. Box 7000	Commerce Court Stn	City: TORONTO	
Province/State: ON	Postal Code: M5L 1L2	Country	

II PAYMENT DETAILS

Reason for payment: Jan/05 Billing - A. Merali	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☑ Yes ☐ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62410001	137.00		137.00
"	"	"	69600000	1,000.66		1,000.66
"	"	"	62414000	1,627.41		1,627.41
"	"	"	62412000	214.61		214.61
				2,979.68		2,979.68
			Credit	547.51		547.51

☑ Canadian ☐ U.S. ☐ Other **TOTAL** $ 2,432.17 $ $ 2,432.17

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* T. CORRIGAN		Phone # - 3652
(Signature) J. Corrigan		Date Feb. 18/05
Approved by *(Print name)* A. MERALI		Phone # - 3652
(Signature) Allaudin Merali		Date
Approved by *(Print name)* SHEILA WEATHERILL		Phone # -
(Signature) S. Weatherill		Date March 31/05

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
4) Incomplete/improperly authorized payment requisitions will be returned without processing

Diners Club International s.17(1), 17(4)(e.1) APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 03 FEB 05 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
0.00	0.00	2,432.17	2,432.17	35,000.00	122.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 122.00 reaches us by 25 FEB 05.

ALLAUDIN MERALI New card

s.17(1), 17(4)(g)(i)

prepayments to be transferred to this a/c
- 2266.88
+ chq 1,118.03
3,384.91

THE CONVERSION OF FOREIGN TRANSACTIONS IS BASED ON THE CARD YOU USED FOR THE TRANSACTION AND THE CARDMEMBER AGREEMENT GOVERNING USE OF THAT CARD.

Club Rewards Points Balance 30,095

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description			Amount
		s.17(1), 17(4)(e.1)			
		ALLAUDIN MERALI			
13 JAN 05	10914628	STAYBRIDGE SUITES ANDO ANDOVER ,MA UNITED STATES	USD Andhra Mtg	86.67	107.00 *
13 JAN 05	10940968	HMS HOST-ORD AIRPT #81 CHICAGO ,IL UNITED STATES	USD Mess.	32.00	39.86 *
13 JAN 05	10949327	NORMANDS RESTAURANT EDMONTON ,AB	Aslam Bhatti + Ghazzi Dwai		211.85 ✓
13 JAN 05	11058324	YELLOW CABS EDMONTON EDMONTON ,AB	Cab - Airport - CH		48.00 ✓
14 JAN 05	10941086	AGNT FEE WORLDTRAVEL B ,AZ UNITED STATES Traveller : MERALI/ALLAUDIN Ticket no. : 890 8121688685 2 Date : 14 JAN 05 Routing/class: XAA/XAO Y Carrier : XD	USD	25.00	31.14 Ticket charge

437.85

./..

Diners Club International

STATEMENT
APPLICANT COPY

Account No : - ALLAUDIN MERALI

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
14 JAN 05	10941296	AIR CANA PHOENIX ,AZ UNITED STATES Traveller : MERALI/ALLAUDIN Ticket no. : 014 1114173324 5 Date : 17 JAN 05 Routing/class: PHX/DEN/YYC/YEG C C G Carrier : AC/AC/AC	USD	413.87 to : 18 JAN 05	515.52
14 JAN 05	11005155	AGNT FEE WORLDTRAVEL B ,AZ UNITED STATES Traveller : MERALI/ALLAUDIN Ticket no. : 890 8121688685 2 Date : 14 JAN 05 Routing/class: XAA/XAO Y Carrier : XD	USD	25.00CR	31.19CR
14 JAN 05	11011473	AIR CANA PHOENIX ,AZ UNITED STATES Traveller : MERALI/ALLAUDIN Ticket no. : 014 1114173324 5 Date : 17 JAN 05 Routing/class: PHX/DEN/YYC/YEG C C G Carrier : AC/AC/AC	USD	413.87CR to : 18 JAN 05	516.32CR
18 JAN 05	11018011	AIR CAN*0002207592152 - ,MB			214.61
18 JAN 05	11058325	YELLOW CABS EDMONTON EDMONTON ,AB			45.00
18 JAN 05	11087076	YELLOW CABS EDMONTON EDMONTON ,AB			44.00
19 JAN 05	11101638	JACKS GRILL EDMONTON ,AB			245.00
19 JAN 05	11119493	PERAGIS TICKETCORP INC CALGARY ,AB			240.90
21 JAN 05	11101103	AIR CAN*0002207676659 - ,MB			692.99
22 JAN 05	11142525	CRISTALL'S WINE MARKET EDMONTON ,AB			243.66
25 JAN 05	11227783	NORMANDS RESTAURANT EDMONTON ,AB			300.15
		BALANCE DUE Expenses in: Canada: 2,286.16 Foreign: 146.01			2,432.17

2,541.83
547.51
1994.32

KMT-CI- JAN- 2005 001

APPLICANT COPY

Payment Requisition

Capital Health

Accounting Services
1100 Harley Court
10045-111 St
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date	March 3/05	Invoice Number	204480115
Vendor Number (or S.I.N.)		Vendor Name	DINERS CLUB
Address	P.O. Box 7000, Commerce Court Stn.	City	TORONTO
Province/State	ONT.	Postal Code	M5L 1L2
		Country	

II PAYMENT DETAILS

Reason for payment	Feb/05 Expenses - A. Merali	PO #	

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ No

If this is a contract payment, what is the contract date? | Number

Have goods / services been received? ☐ Yes, When? ☐ No

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☑ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	69600000	690.89		690.89
"	"	"	62414000	1,129.46		1,129.46
"	"	"	66020000	99.00		99.00

☑ Canadian ☐ U.S. ☐ Other **TOTAL** $ 1,919.35 $ $ 1,919.35

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by	*(Print name)* T. CORRIGAN	Phone #	-3652
	(Signature) T. Corrigan	Date	March 10/05
Approved by	*(Print name)* A. MERALI	Phone #	3652
	(Signature) A. Merali	Date	March 28/05
Approved by	*(Print name)* SHEILA WEATHERILL	Phone #	-
	(Signature) S. Weatherill	Date	March 31/05

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
4) Incomplete/improperly authorized payment requisitions will be returned without processing

April 2002

Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 03 MAR 05 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
2,432.17	2,432.17CR	3,425.82	3,425.82	35,000.00	171.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 171.00 reaches us by 24 MAR 05.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

New card (from prev. month)

- 1st repayment 226688

1,118.03

Total repayment → 334-91

THE CONVERSION OF FOREIGN TRANSACTIONS IS BASED ON THE CARD YOU USED FOR THE TRANSACTION AND THE CARDMEMBER AGREEMENT GOVERNING USE OF THAT CARD.

Club Rewards Points Balance 33,422

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 FEB 05		PREVIOUS BALANCE	2,432.17
25 FEB 05		PAYMENT RECEIVED - THANK YOU	2,432.17CR
		ALLAUDIN MERALI	

s.17(1), 17(4)(e.1)

984.10 Personal

186.54 Personal

88.49 Personal

270.00 ✓

112.34 Personal

s.17(1), 17(4)(g)(i)

./..

$164.17

Diners Club International

STATEMENT
APPLICANT COPY

Account No : s.17(1), 17(4)(e.1) - ALLAUDIN MERALI

Date	Reference No.	Description			Amount
13 FEB 05	11731026	DENVER INT'L AIRPORT DENVER ,CO UNITED STATES	USD	23.00	29.02
14 FEB 05	11764506	HIMSS CHICAGO ,IL UNITED STATES	USD	540.00	680.01 *
16 FEB 05	11810855	HMSHOST-DFW-AIRPT #007 DALLAS/FT. WO ,TX UNITED STATES	USD	24.00	30.24
16 FEB 05	11818029	ITZA WRAP DENVER ,CO UNITED STATES	USD	25.87	32.60
16 FEB 05	11829320	HYATT DALLAS ,TX UNITED STATES	USD	279.45	352.13 *
16 FEB 05	11829322	HYATT DALLAS ,TX UNITED STATES	USD	4.33	5.46 *
16 FEB 05	11836535	NORMANDS RESTAURANT EDMONTON ,AB – Brian Hebert			132.67 *
21 FEB 05	11953974	CRISTALL'S WINE MARKET EDMONTON ,AB for Gil Tourigny dinner			131.96 *
					135.00 Person
28 FEB 05	12162801	NORMANDS RESTAURANT EDMONTON ,AB Mike Shenkus - Non-Responsive			156.26 *
03 MAR 05		ANNUAL FEE			99.00
					1764.33
		BALANCE DUE Expenses in: Canada: 1,908.99	Foreign: 1,516.83		3,425.82

Him Conf

Personal
Office

1,506.57
1,919.25
3,425.82

Tees, Kelley

From: Afacan, Vicky
Sent: Tuesday, March 22, 2005 1:35 PM
To: Tees, Kelley
Subject: FW: Diners

Can you please prepare the cheque and let me know
Thanks
Vicky Afacan
Senior Director Accounting Services
Phone # 735-0502
Fax # 408-6656

From: Merali, Allaudin
Sent: Tuesday, March 22, 2005 1:24 PM
To: Afacan, Vicky
Subject: Diners

Please pay $1919.35 - paperwork in for signing. Thanks.

Allaudin Merali
Executive Vice President
and Chief Financial Officer
Capital Health
1J2 WMC, 8440-112 Street
Edmonton, Alberta T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556

Acct

s.17(1), 17(4)(e.1)

201 9000
7 1115 000006
69500000

KMT APPLICANT COPY 3005-001

Capital Health

Payment Requisition

Accounting Service
1100 Harley Cour
10045-111 St
Edmonton, Alberta T5K 2M

I PAYEE INFORMATION *(Check one only)*	☑ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date April 4/05	Invoice Number 20448015		
Vendor Number (or S.I.N.)	Vendor Name DINERS CLUB		
Address P.O. BOX 7000, COMMERCE CRT STATION	City TORONTO		
Province/State ONT.	Postal Code M5L 1C2	Country	

II PAYMENT DETAILS

Reason for payment March/05 Statement - A. Merali	PO #	
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☐ No	
If this is a contract payment, what is the contract date?	Number	
Have goods / services been received? ☐ Yes, When?	☐ No	
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes	☐ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
		Prev. Balance + ~~Extend~~				3,425.80
		less payments				6,810.73
						3,384.91
201	9000	71115000006	62410000	88.00		88.00
201	9000	" "	62414000	8,470.00		8,470.00
201	9000	" "	62412000	238.34		238.34
201	9000	" "	69600000	1,301.73		1,301.73
201	9000	" "	49010000	47.57		47.57
				10,145.64		10,145.64
						3,384.73
☑ Canadian	☐ U.S.	☐ Other	TOTAL	$ 6,830.32	$	$ 6,760.91

IV AUTHORIZATION NOTE: We owe getbuy Agfa to Vend $4,047.93 PAY → $6,760.93

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone #	3652
(Signature)	T. Corrigan	Date	April 29/05
Approved by *(Print name)*	A. MERALI	Phone #	
(Signature)	Allaud Merali	Date	April 29/05
Approved by *(Print name)*	[illegible]	Phone #	May 6/05
(Signature)	[illegible]	Date	

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
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4) Incomplete/improperly authorized payment requisitions will be returned without processing

April 2003

Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 04 APR 05 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
3,425.82	4,543.85CR	7,948.35	6,830.32	35,000.00	342.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 342.00 reaches us by 26 APR 05.

Memo ink 69.39

6,760.93

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

NOTE - Prepayment is $5,384.91

THE CONVERSION OF FOREIGN TRANSACTIONS IS BASED ON THE CARD YOU USED FOR THE TRANSACTION AND THE CARDMEMBER AGREEMENT GOVERNING USE OF THAT CARD.

Club Rewards Points Balance: 44,912

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 MAR 05		PREVIOUS BALANCE	3,425.82
04 APR 05		~~INTEREST CHARGES~~	~~69.39~~
04 APR 05		ADJUSTMENT TRANSFER CREDIT FR AC #203519608	2,266.88CR
15 MAR 05		PAYMENT RECEIVED - THANK YOU	1,118.03CR
29 MAR 05		PAYMENT RECEIVED - THANK YOU	1,919.35CR
04 APR 05		PAYMENT RECEIVED - THANK YOU	1,506.47CR

Prepayment Office Chq → 1,919.35CR
Personal Chq → 1,506.47CR

s.17(1), 17(4)(e.1)

ALLAUDIN MERALI

23 FEB 05	12473965	YELLOW CABS EDMONTON EDMONTON ,AB	11.00
01 MAR 05	12625005	UNITED TORONTO ,ON Traveller : Ticket no. : 016 2225120285 3	829.52
03 MAR 05	12255714	HARDWARE GRILL EDMONTON ,AB	185.00
04 MAR 05	12450066	YELLOW CABS EDMONTON EDMONTON ,AB	9.00
04 MAR 05	12590009	YELLOW CABS EDMONTON EDMONTON ,AB	10.00

Cab - Telus Reception
Boston - Expert Panel March 13 16/05
Dinner, Myrna Francis
Key + retainer - Michel Deboit

/... 1044.5

Diners Club International

Payable at all chartered banks and financial institutions in Canada.

Please write your account number on the front of your cheque or money order.

s.17(1), 17(4)(e.1)

Account No : *- ALLAUDIN MERALI*

Statement Date: *04 APR 05*

New Balance	Payment Due Date
6,830.32	26 APR 05

Minimum Payment	Enter Amount Paid
342.00	

DINERS CLUB
P.O. BOX 7000
COMMERCE COURT STATION
TORONTO, ON M5L 1L2

s.17(1), 17(4)(e.1)

00003420000068303204260500 3

:00449=900: 96

Diners Club International

APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 04 APR 05 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
08 MAR 05	12398236	NORMANDS RESTAURANT EDMONTON ,AB - Dinner Marguerite			130.72 ✓
10 MAR 05	12474720	JACKS GRILL EDMONTON ,AB Dinner - Dr. Rayani			200.00 ✓
11 MAR 05	12450217	AIR CANADA - ,MB Ticket no. : 014 2225245301 - Calgary - CFO mtg			238.34 ✓
13 MAR 05	12538680	TOAST ARRIVALS CAFE#69 EDMONTON ,AB		EHR Expert Panel.	5.51 ✓
14 MAR 05	12530592	BLACKFIN CHOPHOUSE BOSTON ,MA UNITED STATES	USD 370.00		456.28 ✓
15 MAR 05	12578001	BLACKFIN CHOPHOUSE BOSTON ,MA UNITED STATES	USD 45.00		55.32 ✓
15 MAR 05	12581061	BARNES & NOBLE #2115 BOSTON ,MA UNITED STATES	USD 38.75		47.57 ✓
16 MAR 05	12590189	AIR CANADA - ,MB Ticket no. : 014 2225315960 - Ticket - London + Brussels May 13-22/05			4,047.93 ✓
16 MAR 05	12613761	HMS HOST-ORD AIRPT #54 CHICAGO ,IL UNITED STATES	USD 23.13	Expert Panel Boston	28.44 ✓
17 MAR 05	12629733	THE COLONADE HOTEL BOSTON ,MA UNITED STATES	USD 786.04		966.36 ✓
17 MAR 05	12678745	UNION BANK INN RESTAUR EDMONTON - Western CFO Dinner			576.00 ✓
17 MAR 05	12832548	YELLOW CABS EDMONTON EDMONTON ,AB - Cab - Calgary - Airport			47.00 ✓
17 MAR 05	12988388 *	BRITISH MIDLAND TORONTO ,AB Traveller : NOT AVAILABLE Ticket no. : 236 2225347490 2 Date : 17 MAR 05 Routing/class: XXX/XXX Carrier : BA ticket change			259.92 Rev Inv.
17 MAR 05	13022523	YELLOW CABS EDMONTON EDMONTON ,AB cab - return from Western CFO			11.00 ✓
21 MAR 05	12725742	AIR CANADA - ,MB Ticket no. : 014 2225376145 Toronto - meet Dick Calgary - cancelled will have ticket credit			781.34
21 MAR 05	12726432	AIR CANADA - ,MB Ticket no. : 014 2225376145 ticket change			16.05
22 MAR 05	12798262	LA SPIGA EDMONTON ,AB Dinner Mike Weirens, Treasury			210.01 ✓
24 MAR 05	12839268	AIR CANADA - ,MB Ticket no. : 014 2225439622 Ticket - Victoria - Partnership + Productivity Charged			566.34 ✓
29 MAR 05	12957118	AIR CANADA - ,MB Ticket no. : 014 2225465707 San Fran ticket Amodeo - CFO/CIO mtg			457.19 ✓

BALANCE DUE 6,830.32

Expenses in: Canada: 8,591.87 Foreign: 1,553.97

Amounts to be refunded by Agfa.

Agfa will repay us costs of this travel. letter attached

9101.32

6830.32

Less Interest 69.39

6,760.93

Tees, Kelley

From: Afacan, Vicky
Sent: Friday, April 22, 2005 12:50 PM
To: Tees, Kelley
Subject: FW: Diners

Acct

s.17(1), 17(4)(e.1)

Can you please let me know when it is done
Thanks

From: Merali, Allaudin
Sent: Friday, April 22, 2005 11:48 AM
To: Afacan, Vicky
Subject: Diners

Can you please arrange to pay $6,760.93 - payment requisition being sent to Sheila for approval.

Allaudin Merali
Executive Vice President
and Chief Financial Officer
Capital Health
1J2 WMC, 8440-112 Street
Edmonton, Alberta T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556

201 9000

7111 5000006 69500 000

KMT-05-1181

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
1100 Harley Cour
10045-111 St
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date	May 3/05	Invoice Number	204480 1115
Vendor Number (or S.I.N.)		Vendor Name	DINERS CLUB
Address	P.O. Box 7000, Commerce Crt. Stn.	City	TORONTO
Province/State	ONT	Postal Code	M1S 1C2
Country			

II PAYMENT DETAILS

Reason for payment: March/Apr/05 - Diners Expenses - A. Merali — PO.#

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ ~~No~~

If this is a contract payment, what is the contract date? — Number

Have goods / services been received? ☐ Yes, When? ☐ No

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☑ ~~No~~

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	7111500000 6	62410004	16.00		16.00
"	"	"	62414000	1,185.49		1,185.49
201	"	"	69600000	3,796.41		3,796.41
				4,997.90		4,997.90
		towing from per kit		69.39		69.39
				5067.29		5,067.29
			+ GST	17.29		17.29
				5,050.00		5,050.00
		interest will be refunded in next instalment	+ interest	163.02		

☐ Canadian ☐ U.S. ☐ Other — **TOTAL** $ 5,213.02 — $ — $ 5213.02

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by	*(Print name)* T. CORRIGAN	Phone #	- 3652
	(Signature) T. Corrigan	Date	May 13/05
Approved by	*(Print name)* A. MERALI	Phone #	- 3652
	(Signature)	Date	
Approved by	*(Print name)* S. WEATHERILL	Phone #	-
	(Signature)	Date	May 18/05

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International

s.17(1), 17(4)(e.1)

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 03 MAY 05 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
6,830.32	6,760.93CR	5,144.43	5,213.82	35,000.00	261.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 261.00 reaches us by 25 MAY 05.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

THE CONVERSION OF FOREIGN TRANSACTIONS IS BASED ON THE CARD YOU USED FOR THE TRANSACTION AND THE CARDMEMBER AGREEMENT GOVERNING USE OF THAT CARD.

Club Rewards Points Balance 54,893

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
04 APR 05		PREVIOUS BALANCE	6,830.32
03 MAY 05		INTEREST CHARGES also to be reversed in prior period will be reversed	163.82
27 APR 05		PAYMENT RECEIVED - THANK YOU	6,760.93CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
17 MAR 05	13273303	YELLOW CABS EDMONTON EDMONTON ,AB — Cab-return from Western CFO Dinner	16.00 ✓
30 MAR 05	13059449	JACKS GRILL EDMONTON ,AB Dinner Fred House	220.00 ✓
05 APR 05	13231208	JACKS GRILL EDMONTON ,AB Dinner Ka Garden Dr. Greenwood	390.00 ✓
06 APR 05	13256863	FAIRMONT HOTELS EDMONTON ,AB Breakfast w/ Shahed Rolao	33.00 ✓
07 APR 05	13273319	LA SPIGA EDMONTON ,AB Dinner Dick Alvarez, Tapan Choudhury, Aslam Bhatti	450.00 ✓
11 APR 05	13427738	WESTJET AIRLINES CALGARY ,AB Traveller : MERALI/ALLAUDIN Ticket no. : CYCHDX Date : 13 APR 05 Routing/class: YYJ/YEG } Ticket change PdP Conf-Victoria	269.29 ✓
			1378.29

./..

Diners Club International

Payable at all chartered banks and financial institutions in Canada.

Please write your account number on the front of your cheque or money order.

s.17(1), 17(4)(e.1)

Account No : *- ALLAUDIN MERALI*

Statement Date: *03 MAY 05*

New Balance	Payment Due Date
5,213.82	25 MAY 05

Minimum Payment	Enter Amount Paid
261.00	

DINERS CLUB
P.O. BOX 7000
COMMERCE COURT STATION
TORONTO, ON M5L 1L2

s.17(1), 17(4)(e.1)

00002610000052138205250 5003

:0044900: 142

96

Diners Club International

APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 MAY 05 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description	Amount
12 APR 05	13463047	WESTJET AIRLINES CALGARY ,AB Traveller : MERALI/ALLAUDIN Ticket no. : CYCHDX Date : 13 APR 05 Routing/class: YYJ/YEG	17.29CR
13 APR 05	13456593	DUNSMUIR LODGE SIDNEY ,BC - P & P Conf - Victoria	28.19 ✓
15 APR 05	13574942	IL PORTICO RESTAURANT EDMONTON ,AB lunch - Rich Shanda.	48.00 ✓
19 APR 05	13595905	AIR CANADA - ,MB Ottawa - AHI Event Ticket no. : 014 2225737594 Cancelled ticket - will have credit	756.34 ✓
19 APR 05	13648478	NORMANDS RESTAURANT EDMONTON ,AB Dinner - Dona Shelley	144.12 ✓
20 APR 05	13693441	FAIRMONT HOTELS EDMONTON ,AB Bkfst mtg - Doug Gosse, Dave S.	44.00 ✓
21 APR 05	13710398	JACKS GRILL EDMONTON ,AB Dinner Sol Rohiger	250.00 ✓
21 APR 05	13735535	CHARACTERS RESTAURANT EDMONTON ,AB Dr Burnet, Dr Gibney,	618.75 ✓
25 APR 05	13814805	LA SPIGA EDMONTON ,AB F & L Dinner Group Paddy meeting re EHR	1,598.54 ✓
26 APR 05	13821562	AIR CANADA - ,MB Ticket no. : 014 2225848851 change San Fran flight	131.67 ✓
		BALANCE DUE Expenses in: Canada: 4,980.61 Provincial trip was Cancelled	5,213.82

3619.61

APPLICANT COPY

AGFA Agfa

Agfa Inc.
77 Belfield Road
Toronto, Ontario M9W 1G6

DATE
DAY MO. YR.
JOUR MOIS AN.
05 05 05

PARTNER NO.
No DE FOURNISSEUR
US62031877

CHEQUE NO. **08066104**
CHÈQUE No
00000037

AMOUNT - MONTANT

PAY - PAYEZ Four thousand forty seven and 93/100 Dollars

**********$4,047.93*CAD

THE TORONTO-DOMINION BANK
Kipling & Rexdale Branch # 15522-004
2058 Kipling Ave.
Etobicoke M9W 4X1

TO THE ORDER OF / À L'ORDRE DE
CAPITAL HEALTH
ROOM 1J2.56WMC
UNIVERSITY OF ALBERTA HOSPITAL
8440-112 STREET
EDMONTON AL T6G 2B7
CANADA

Agfa Inc.

PER / PAR _____ Authorized Signature / Autorisé

PER / PAR _____ Authorized Signature / Autorisé

⑈0008066104⑈ ⑆09612⑈004⑆ ⑈19267⑈

Remittance Advice - Detach Before Cashing
Veuillez Detacher Avant Diendaisser

AGFA Agfa

Agfa Inc.
77 Belfield Road
Toronto, Ontario M9W 1G6

PARTNER NO.
No DE FOURNISSEUR
US62031877

CHEQUE NO. **08066104**
CHÈQUE No

Da Jo / Mo Mo / Yr An	Reference / Référence	Gross / Brut	Discount / Escompte	Net
22/04/2005	MAY 2005	4,047.93		4,047.93

Cheque received May 12/05
to be credited toward
MasterCard - A. Merali - March/05
statement.

Sum total	4,047.93	4,047.93

APPLICANT COPY

Capital Health

Payment Requisition

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)*	☑ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date: Oct 17/05	Invoice Number: DINERS CLUB		
Vendor Number (or S.I.N.)	Vendor Name		
Address: P.O. Box 7000, Commerce Court Stn.	City: TORONTO		
Province/State: ONT.	Postal Code: M5L 1L2	Country	
II PAYMENT DETAILS			
Reason for payment: Aug/Sept/05 billing - A. Merli	PO #		
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☐ No		
If this is a contract payment, what is the contract date?	Number		
Have goods / services been received? ☐ Yes, When?	☐ No		
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes	☐ ~~No~~		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
		Aug/05 statement				$ 3,749.46
		Sept/05 statement				9,190.16
						12,939.62
		Deposit pd. Sept 23. 05		69500		(5,000.00)
						7,939.62
		Prior Deposit		69500		(3,419.59)
		(see attached for detail)				
☑ Canadian	☐ U.S.	☐ Other	TOTAL	$	$	$ 4,520.03

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone #	3652
(Signature)	T. Corrigan	Date	Oct 17/05
Approved by *(Print name)*	A. MERLI	Phone #	3652
(Signature)	Alandra Merli	Date	Oct 17/05
Approved by *(Print name)*	[illegible]	Phone #	Oct 19/05
(Signature)	[illegible]	Date	

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
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2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
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4) Incomplete/improperly authorized payment requisitions will be returned without processing

April 2002

LM1-05-OCT-2005-002

Capital Health

Payment Requisition

APPLICANT COPY

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)*	☑ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date	Nov. 21/05	Invoice Number	20448011S
Vendor Number (or S.I.N.)		Vendor Name	DINERS CLUB
Address		City	
Province/State	Postal Code	Country	

II PAYMENT DETAILS

Reason for payment	Sept/oct/05 - A. Merali	PO #
Is this a contract payment?	☐ Yes *(Attach copy of contract if not previously forwarded)*	☑ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received?	☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)*	☐ Yes	☑ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000000 6	62410000	113.00		113.00
"	"	"	62414000	5,015.93		5,015.93
"	"	"	62412000	1,652.04		1,652.04
"	"	"	69500000	160.60		160.60
"	"	"	69600000	663.93 ~~834.90~~		663.93 ~~834.90~~
"	"	"	66020000	1,043.25		1,043.25
☑ Canadian	☐ U.S.	☐ Other	**TOTAL**	$ ~~8,814.72~~ 8,648.75 GC	$	$ ~~8,814.72~~ 8,648.75 GC

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone #	- 3652
(Signature)	T. Corrigan	Date	Nov 21/05
Approved by *(Print name)*	A. MERALI	Phone #	-
(Signature)		Date	Dec 5/05
Approved by *(Print name)*		Phone #	April 26/06
(Signature)		Date	

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Returned from SWH Office April 26/06

APPLICANT COPY

Diners Club International

s.17(1), 17(4)(e.1)

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 NOV 05 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
10,648.81	10,648.81CR	9,391.32	9,391.32	40,000.00	470.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 470.00 reaches us by 25 NOV 05.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

PLEASE FIND ENCLOSED SPECIAL OFFERS WITH VIA RAIL CANADA, INTERCONTINENTAL HOTELS GROUP, WINDJAMMER BAREFOOT CRUISES AND MORE.

Club Rewards Points Balance 102,261

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 OCT 05		PREVIOUS BALANCE	10,648.81
03 NOV 05		INTEREST CHARGES	11.60
21 OCT 05		PAYMENT RECEIVED - THANK YOU	6,128.78CR
24 OCT 05		PAYMENT RECEIVED - THANK YOU	4,520.03CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
26 SEP 05	19548462	BRITISH MIDLAND TORONTO ,AB Traveller : NOT AVAILABLE Ticket no. : 236 2238765381 6 Date : 26 SEP 05 Routing/class: YYZ/LHR Carrier : BA	106.22
30 SEP 05	19190049	DIGITAL COMMUNICATIONS EDMONTON ,AB – blackberry battery	69.00
30 SEP 05	19263202	AIR CANADA - Ticket no. : 014 2238678487 ticket charge (Oct 11 – this)	60.00
30 SEP 05	19263207	AIR CANADA - Ticket no. : 014 2238745804 ticket charge	32.10

~~26.33~~ 278.92

MCC 131153

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
30 SEP 05	19304429	LIMOJET CORP.SEDAN & L CALGARY ,AB CH to airport - Overseas			40.00
30 SEP 05	19304430	LIMOJET CORP.SEDAN & L CALGARY ,AB "			40.00
04 OCT 05	19319137	C D HOWE INSTITUTE TORONTO ,ON			80.00
05 OCT 05	19300370	THE AULD DUBLINER DUBLIN ,IR REPUBLIC OF IRELAND	EUR	100.00	144.41
05 OCT 05	19303757	WH SMITH HEATHROW T2 ,GB UNITED KINGDOM	GBP	5.77 s.17(1), 17(4)(g)(i)	12.22
					75.19 Personal
05 OCT 05	19334854	MERRION HOTEL DUBLIN 2 ,IR REPUBLIC OF IRELAND	EUR	1,329.55 s.17(1), 17(4)(g)(i)	1,954.51
					4.27 Personal
10 OCT 05	19505236	TAXI & LIMO PAYMENT MISSISSAUGA ,ON - Airport - Hotel -			52.00
11 OCT 05	19619507	RED'S BISTRO & BAR TORONTO ,ON Dinner Canada Infoway, Toronto			690.00
13 OCT 05	19604511	AIR CANADA - ,MB Ticket no. : 014 2262537702 Halifax, Calgary			240.34
13 OCT 05	19631668	JACK'S GRILL EDMONTON ,AB - N. Shadow, Consulting			220.00
13 OCT 05	19636094	FAIRMONT HOTELS TORONTO ,ON - Hotel - Infoway trip			568.85
14 OCT 05	19669329	TAXI & LIMO PAYMENT MISSISSAUGA ,ON Hotel - airport			52.00
14 OCT 05	19783363	OUT OF PROVINCE/COUNTR 800-867-2240 ,ON ~~Hotel - airport~~			159.00
17 OCT 05	19963122	YELLOW CABS EDMONTON EDMONTON ,AB			13.00
19 OCT 05	19929135	NORMANDS RESTAURANT EDMONTON ,AB - Small Finance Director group			398.93
21 OCT 05	20026466	THE WESTIN CALGARY F/D CALGARY ,AB Rm - mix-up with cancellation			140.14
21 OCT 05	20026310	THE WESTIN CALGARY F & CALGARY ,AB			26.00
21 OCT 05	19995090	LIMOJET CORF.SEDAN & L CALGARY ,AB Cab - Airport hotel -			47.00
21 OCT 05	19997026	FINANCIAL EXECUTIV*INT TORONTO ,ON Registration - Fin Exec group dues - online			1,043.25
21 OCT 05	20234019	YELLOW CABS EDMONTON EDMONTON ,AB			45.00
21 OCT 05	20377492	ALASKA AIRLINES CALGARY ,AB EMR Site Visit - Seattle Medical Innovation Summit			819.79
23 OCT 05	20043353	MORTON'S OF CHICAGO CLEVELAND ,OH UNITED STATES	USD	85.00	103.02
23 OCT 05	20071799	PALLISER HOTEL CALGARY ,AB			295.45 attached
23 OCT 05	20069888	TOAST ARRIVALS CAFE#69 EDMONTON ,AB s.17(1), 17(4)(g)(i)			8.16
					330.14 Personal
				s.17(1), 17(4)(g)(i)	159.00 "
25 OCT 05	20129593	HMSHOST-CLE-AIRPT #043 CLEVELAND ,OH UNITED STATES	USD	14.00	16.83

Please see reverse for further transactions.

7231.66
7231.66
7209.90

Diners Club International

STATEMENT
APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 03 NOV 05 Page 3

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
25 OCT 05	20129591	HMS HOST-ORD AIRPT #59 CHICAGO ,IL UNITED STATES	USD	11.09	13.33
25 OCT 05	20184350	UNITED E-TKT ,IL UNITED STATES Traveller : MERALI/ALLAUDINMR Ticket no. : 016 4066638074 Date : 25 OCT 05 Routing/class: XAA/XAA Carrier : UA	USD	100.00	119.45
26 OCT 05	20143144	MARRIOTT CLEVELAND ,OH UNITED STATES	USD	609.72	733.05
28 OCT 05	20333504	IL PORTICO RESTAURANT EDMONTON ,AB			45.00
28 OCT 05	20367837	AIR CANADA - ,MB Ticket no. : 014 2262683928			187.10
30 OCT 05	20319628	LIMOJET CORP.SEDAN & L CALGARY ,AB			47.00
31 OCT 05	20368663	ALBERTA CO-OP TAXI LIN EDMONTON ,AB			15.00
		BALANCE DUE Expenses in: Canada: 5,870.30 Foreign: 3,509.42			9,391.32

s.17(1), 17(4)(g)(i)

Tees, Kelley

From: Afacan, Vicky
Sent: Thursday, November 17, 2005 9:35 AM
To: Tees, Kelley
Subject: FW: Diners

Kelley
Can you please process and let me know
Thanks

-----Original Message-----
From: Merali, Allaudin
Sent: Thursday, November 17, 2005 9:21 AM
To: Afacan, Vicky
Subject: Diners

Can you please pay $8819.72. Paperwork in for signing. The $5,000 advanced will continue to be a deposit to avoid any interest charges. Thanks.

Allaudin Merali
Executive Vice President &
Chief Financial Officer
Capital Health
1J2 WMC., 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556
amerali@cha.ab.ca

Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
1100 Harley Court
10045-111 St.
Edmonton, Alberta T5K 2M5

I PAYEE INFORMATION *(Check one only)* ☑ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date Dec. 2/05	Invoice Number 20448015
Vendor Number (or S.I.N.)	Vendor Name DINERS CLUB
Address	City
Province/State	Postal Code / Country

II PAYMENT DETAILS

Reason for payment Oct. 4 to/05 Billing - A. Merali | PO #

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☑ No

If this is a contract payment, what is the contract date? | Number

Have goods / services been received? ☐ Yes, When? ☐ No

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☑ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62410001	115.00		115.00
201	9000	71115000006	62414000	2,190.34		2,190.34
201	9000	71115000006	69600000	1,064.58		1,064.58
201	9000	71115000006	69500000	64.74		64.74
		Net $3,263.69				
☑ Canadian	☐ U.S.	☐ Other	TOTAL	$3,434.66	$	$3,434.66

LESS Overpaid Last Statement (170.97)

3,263.69

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)*	T. CORRIGAN	Phone # - 3652
(Signature)	T. Corrigan	Date Dec 13/05
Approved by *(Print name)*	A. MERALI	Phone # - 3652
(Signature)	A Merali	Date Dec. 14/05
Approved by *(Print name)*	[illegible]	Phone # - 3652
(Signature)	[illegible]	Date Dec 15/05

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by MONDAY, 4:00 p.m. will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

Date	Reference No.	Description	Amount
03 NOV 05		PREVIOUS BALANCE	9,391.32
17 NOV 05		PAYMENT RECEIVED - THANK YOU	5,000.00CR
22 NOV 05		PAYMENT RECEIVED - THANK YOU	571.60CR
22 NOV 05		PAYMENT RECEIVED - THANK YOU	8,819.72CR

s.17(1), 17(4)(e.1)

ALLAUDIN MERALI

26 OCT 05	20529750	YELLOW CABS EDMONTON EDMONTON ,AB Cab to Shaw Conf Centre	18.00 ✓
27 OCT 05	20725026	YELLOW CABS EDMONTON EDMONTON ,AB } Cabs return Course Days - REACH	18.00 ✓
27 OCT 05	20725027	YELLOW CABS EDMONTON EDMONTON ,AB }	10.00 ✓
31 OCT 05	20450084	CAPITAL TAXI LINE EDMONTON ,AB — Cab - 12SSH - Seniors	17.00 ✓
05 NOV 05	20584208	SPIRITS IN OLIVER SQUA EDMONTON ,AB - Junction-hosting-Lou & D.M's & CH	233.76 ✓

s.17(1), 17(4)(g)(i)

			~~129.68~~ Personal
07 NOV 05	20633419	LA SPIGA EDMONTON ,AB Dinner - B. Bell + group	555.82 ✓
16 NOV 05	20936821	FAIRMONT HOTELS OTTAWA ,ON Shared Service Conf.	673.46 ✓
16 NOV 05	20950696	AIR CANADA - ,MB ✓ Toronto Chicago - RSNA Ticket no. : 014 2263044588	505.55 ✓
21 NOV 05	21235642	AIR CANADA - ,MB } Toronto - Canada Health Infoway Mtg Ticket no. : 014 2262953309	318.20 ✓
21 NOV 05	21465297	YELLOW CABS EDMONTON EDMONTON ,AB } Expert Panel mtg + return	18.00 ~~✓~~
21 NOV 05	21465299	YELLOW CABS EDMONTON EDMONTON ,AB	16.00 ~~✓~~
22 NOV 05	21218283	FAIRMONT HOTELS EDMONTON ,AB — Expert Panel - EHR - Fruit Basket	64.74 ✓
22 NOV 05	21234472	SORRENTINO'S DOWNTOWN EDMONTON ,AB - Dinner Consulted, RA, SW	130.00 ✓
22 NOV 05	21259357	FAIRMONT HOTELS EDMONTON ,AB — ~~Hosting~~ Expert Panel.	145.00 ✓
22 NOV 05	21465298	YELLOW CABS EDMONTON EDMONTON ,AB	18.00 ✓
26 NOV 05	21331384	PALM REST USD 23.00 LSNA CHICAGO ,IL UNITED STATES	27.52 ✓
26 NOV 05	21366681	FAIRMONT HOTELS TORONTO ,ON Canada Health Infoway - Conf. (CH to be reimbursed) (original receipt sent for reimbursement)	508.16 ~~✓~~ ./.. 3277.21

Diners Club International

STATEMENT
APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 02 DEC 05 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
26 NOV 05	21368170	UNITED CANADA ,IL UNITED STATES Traveller : MERALI/ALLAUDINMR Ticket no. : 016 4066172003 Date : 26 NOV 05 Routing/class: XAA/XAA Carrier : UA	USD	100.00	119.51
27 NOV 05	21357942	WALGREEN 00002Q39 CHICAGO ,IL UNITED STATES	USD	5.06	6.06
28 NOV 05	21408820	LEVY @MCCORMICK PLC M CHICAGO ,IL UNITED STATES	USD	10.75	12.85
29 NOV 05	21449488	LEVY @MCCORMICK PLC M CHICAGO ,IL UNITED STATES	USD	8.25	9.85
30 NOV 05	21495891	HMS HOST-ORD AIRPT #10 CHICAGO ,IL UNITED STATES	USD	5.04	6.03
30 NOV 05	21495893	HMS HOST-ORD AIRPT #59 CHICAGO ,IL UNITED STATES	USD	3.95	4.73
		BALANCE DUE Expenses in: Canada: 3,379.37	Foreign: 186.55		1,434.08CR

Personal

- From prior statement 170.97
- This 129.68
1.58

202.23

- Office 3,434.66
prior period (170.97) - 3,263.69

3,565.92

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor ☐ Patient ☐ Employee (EE number)	
Invoice Date ***3-Jan-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***	
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***	
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country
II PAYMENT DETAILS		
Reason for payment **Dec/05 Charges - A. Merali**		PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? ☐ Yes, When?		☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes		☒ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$1,081.92***		***$1,081.92***
201	***9000***	***71115000006***	***62410001***	***86.00***		***86.00***
201	***9000***	***71115000006***	***69600000***	***1,276.51***		***1,276.51***
201	***9000***	***00000000000***	***04171057***	***1,500.00***		***1,500.00***
201	9000	71115000006	66020000	313.56		313.56
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	4,257.99		$ 4,257.99

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***27-Jan-06***
Approved by *(Print name)* ***Allaudin Merali***		Phone # ***407-3652***
	(Signature) Allaudin Merali	Date
Approved by *(Print name)* ***Sheila Weatherill***		Phone # ***407-8008***
	(Signature)	Date Feb. 7/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

For statement enquiries, please call our Area Customer Service line at 1-800-565-5555

Date	Reference No.	Description	Amount
02 DEC 05		PREVIOUS BALANCE	
19 DEC 05		PAYMENT RECEIVED - THANK YOU	1,434.08CR
19 DEC 05		PAYMENT RECEIVED - THANK YOU	302.23CR
		s.17(1), 17(4)(e.1)	3,263.69CR
		ALLAUDIN MERALI	
30 NOV 05	21519207	FAIRMONT HOTELS RSNA - Hotel CHICAGO ,IL UNITED STATES USD Chicago 876.32	1,048.92 ?
30 NOV 05	21857469	YELLOW CABS EDMONTON EDMONTON ,AB Cab airport to CH	48.00
02 DEC 05	21570034	EARL'S CAMPUS EDMONTON ,AB	73.00
02 DEC 05	21660221	NORMANDS RESTAURANT EDMONTON ,AB lunch - CH	30.09
05 DEC 05	21700751	HARDWARE GRILL EDMONTON ,AB Dinner -	290.00
05 DEC 05	22186585	YELLOW CABS EDMONTON EDMONTON } Cab - downtown mtg	18.00
05 DEC 05	22405797	YELLOW CABS EDMONTON EDMONTON ,AB } + return	20.00
07 DEC 05	21794278	CHARACTERS RESTAURANT EDMONTON ,AB Xmas function	1,500.00
08 DEC 05	21826926	LA SPIGA EDMONTON ,AB Grad dinner	310.00
08 DEC 05	21861020	TAXITAB INC OTTAWA ,ON	33.00
09 DEC 05	21887042	FAIRMONT HOTELS EDMONTON ,AB lunch, Faculty	57.00
13 DEC 05	22048032	FAIRMONT HOTELS EDMONTON ,AB	48.00
16 DEC 05	22155431	FAIRMONT HOTELS EDMONTON ,AB lunch C--	65.00
20 DEC 05	22323444	PACKRAT LOUIE EDMONTON ,AB Dinner Grad(	200.00
21 DEC 05	22322128	NORMANDS RESTAURANT EDMONTON ,AB Dinner -	203.42
30 DEC 05	22533001	ICAEW-POSTAL UK MILTON KEYNES ,GB UNITED KINGDOM GBP 153.00 CA Dues	313.56

651.32 Personal

BALANCE DUE Deduct personal 4909.31 − 651.32 = 4,257.99

s.17(1), 17(4)(g)(i)

90.69CR

./..

Diners Club International

s.17(1), 17(4)(e.1)

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 03 JAN 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
1,434.08CR	3,565.92CR	4,909.31	90.69CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

CLUB REWARDS HAS BEEN VOTED BEST CARD PROGRAM BY FREQUENT TRAVELLERS FOR 8 CONSECUTIVE YEARS. YOU CAN VOTE AT FREDDIEAWARDS.COM FROM FEB. 1-28, 2006.

Club Rewards Points Balance: 110,736

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
02 DEC 05		PREVIOUS BALANCE	1,434.08CR
19 DEC 05		PAYMENT RECEIVED - THANK YOU	302.23CR
19 DEC 05		PAYMENT RECEIVED - THANK YOU	3,263.69CR

s.17(1), 17(4)(e.1)

		ALLAUDIN MERALI	
30 NOV 05	21519207	FAIRMONT HOTELS RSVN - Hotel Chicago USD 876.32 CHICAGO ,IL UNITED STATES	1,048.92 ?
30 NOV 05	21857469	YELLOW CABS EDMONTON EDMONTON ,AB Cab - airport to CH	48.00
02 DEC 05	21570034	EARL'S CAMPUS EDMONTON ,AB	73.00
02 DEC 05	21660221	NORMANDS RESTAURANT EDMONTON ,AB lunch - CH	30.09
05 DEC 05	21700751	HARDWARE GRILL EDMONTON ,AB Dinner +	290.00
05 DEC 05	22186585	YELLOW CABS EDMONTON EDMONTON } Cab - downtown mtg + return	18.00
05 DEC 05	22405797	YELLOW CABS EDMONTON EDMONTON ,AB }	20.00
07 DEC 05	21794278	CHARACTERS RESTAURANT EDMONTON ,AB Xmas function	1,500.00
08 DEC 05	21826926	LA SPIGA EDMONTON ,AB Grad dinner	310.00
08 DEC 05	21861020	TAXITAB INC OTTAWA ,ON	33.00
09 DEC 05	21887042	FAIRMONT HOTELS EDMONTON ,AB lunch, Faculty	57.00
13 DEC 05	22048032	FAIRMONT HOTELS EDMONTON ,AB	48.00
16 DEC 05	22155431	FAIRMONT HOTELS EDMONTON ,AB lunch C...	65.00
20 DEC 05	22323444	PACKRAT LOUIE EDMONTON ,AB Dinner Grad (	200.00
21 DEC 05	22322128	NORMANDS RESTAURANT EDMONTON ,AB Dinner - (	203.42
30 DEC 05	22533001	ICAEW-POSTAL GBP 153.00 UK CA Dues MILTON KEYNES ,GB UNITED KINGDOM	313.56

651.32 Personal

4909.31 s.17(1), 17(4)(g)(i)

651.32

4,257.99

BALANCE DUE Deduct personal 90.69CR

./..

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***17-Feb-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***		
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***		
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***	
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country	
II PAYMENT DETAILS			
Reason for payment **Jan/06 Charges - A. Merali**		PO #	
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No	
If this is a contract payment, what is the contract date?		Number	
Have goods / services been received? ☐ Yes, When?		☐ No	
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes		☒ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$823.87***		***$823.87***
201	***9000***	***71115000006***	***62410001***	***26.00***		***26.00***
201	***9000***	***71115000006***	***62412000***	***935.90***		***935.90***
201	***9000***	***71115000006***	***6960000***	***143.96***		***143.96***
201	***9000***	***71115000006***	***61030000***	***3,800.00***		***3,800.00***
201	***9000***	***71115000006***	***61020006***	***201.16***		***201.16***
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$5,930.89***		***$5,930.89***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***17-Feb-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) Allaudin Merali	Date Feb 21/06
Approved by *(Print name)* ***Sheila Weatherill***	Phone # ***407-8008***
(Signature) S. Weatherill	Date Feb. 20/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
90.69CR	0.00	11,156.30	11,065.61	40,000.00	553.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 553.00 reaches us by 24 FEB 06.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

CLUB REWARDS HAS BEEN VOTED BEST CARD PROGRAM BY FREQUENT TRAVELLERS FOR 8 CONSECUTIVE YEARS. YOU CAN VOTE AT FREDDIEAWARDS.COM FROM FEB. 1-28, 2006.

Club Rewards Points Balance 121,892

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 JAN 06		PREVIOUS BALANCE	90.69CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
21 DEC 05	22646037	YELLOW CABS EDMONTON EDMONTON ,AB – Mtg at 116St+Jasper Ave+ward Jones	26.00 ✓
		Personal	2,151.00
		s.17(1), 17(4)(g)(i) Personal	2,151.00
		"	226.00
09 JAN 06	22855579	NORMANDS RESTAURANT EDMONTON ,AB Dinner mtg	143.96 ✓
		s.17(1), 17(4)(g)(i) Personal	120.00

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MCC 131153

Diners Club International

APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 03 FEB 06 Page 2

Date	Reference No.	Description	Amount
			Personal 120.00
			" 41.00
			" 41.00
11 JAN 06	22889443	AIR CANADA - ,MB Ticket no. : 014 2264125238 — Cancelled - ticket to be credited	823.87 ✓
			Personal 84.87
22 JAN 06	23293309	ROADPOST INC 888-290-1616 ,ON — International phone rented Time : 8:13:38 Duration : 0 To : 000736439	201.16 ✓
23 JAN 06	23315642	AIR CANADA - ,MB — Calgary-Abbotsford Ticket no. : 014 2264317511	354.34 ✓
			Personal 291.34
27 JAN 06	23606598	HY'S STEAKHOUSE-CALGAR CALGARY ,BC — Dinner with CHR	205.00 ✓
28 JAN 06	23609332	PALLISER HOTEL CALGARY ,AB — Calgary-Abbotsford	376.56 ✓
30 JAN 06	23643425	COACH TORONTO ,ON — Reg. PSP Conf 2006 Victoria, BC.	3,000.00 ✓
31 JAN 06	23680279	COACH TORONTO ,ON	800.00
		BALANCE DUE Expenses in: Canada: 10,458.89 Foreign: 697.41	11,065.61

Before 90.69 CR

Cheques for not enclosed

42.57.99 office

651.32 personal

5000.00

Summary

- Office 5,930.89
- Personal 5,225.41

11,156.30

Tees, Kelley

From: Afacan, Vicky
Sent: Tuesday, February 21, 2006 7:54 AM
To: Tees, Kelley
Subject: FW: Diners

Kelley
Can you please process the payment and let me know when it is done.
Thanks

-----Original Message-----
From: Merali, Allaudin
Sent: Saturday, February 18, 2006 12:42 PM
To: Afacan, Vicky
Cc: Corrigan, Trudy
Subject: Diners

V.69094

Can you please pay $5,930.89 - paperwork in for signing.

Trudy/Vicky, did we find the "lost" statements?

Also, the last statement does not show the payments we have made - Trudy, can you please check with the previous statements - we have a deposit of $5,000 to avoid interest charges.

Thanks.

Acct

-21 FEB 06

Allaudin Merali
Executive Vice President &
Chief Financial Officer
Capital Health
1J2 WMC., 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556
amerali@cha.ab.ca

s.17(1), 17(4)(e.1)

201 9000

7111 5000006

6950000U

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date ***16-Mar-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***	
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***	
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country

II PAYMENT DETAILS

Reason for payment **Feb/06 Charges - A. Merali**	PO #

Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☒ No

If this is a contract payment, what is the contract date?	Number

Have goods / services been received? ☐ Yes, When? ☐ No

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$3,324.80***		***$3,324.80***
201	***9000***	***71115000006***	***62410001***	***165.00***		***165.00***
201	***9000***	***71115000006***	***62412000***	***1,546.07***		***1,546.07***
201	***9000***	***71115000006***	***62410000***	***5.00***		***5.00***
201	***9000***	***71115000006***	***69600000***	***918.48***		***918.48***
201	***9000***	***71115000006***	***69500000***	***634.00***		***634.00***
201	***9000***	***71115000006***	***61020006***	***875.36***		***875.36***
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$7,468.71***		***$7,468.71***

Credit 12.39

→ 7,456.32

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
(Signature)	J. Corriga	Date ***16-Mar-06***
Approved by *(Print name)* ***Allaudin Merali***		Phone # ***407-3652***
(Signature)	A Merali	Date March 16/06
Approved by *(Print name)* ***Sheila Weatherill***		Phone # ***407-8008***
(Signature)	S Weatherill	Date March 26/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 03 MAR 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
11,065.61	16,065.61CR	7,456.32	2,456.32	40,000.00	123.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 123.00 reaches us by 24 MAR 06.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

ENTER DINERS CLUB'S DISCOVER THE WORLD SWEEPSTAKES SIMPLY BY USING YOUR CARD. FOR FULL DETAILS AND RULES: DINERSCLUBCANADA.COM OR 1 800 363-3333.

Club Rewards Points Balance 129,249

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 FEB 06		PREVIOUS BALANCE	11,065.61
08 FEB 06		PAYMENT RECEIVED - THANK YOU	651.32CR
15 FEB 06		PAYMENT RECEIVED - THANK YOU	4,257.99CR
24 FEB 06		PAYMENT RECEIVED - THANK YOU	5,930.89CR
27 FEB 06		PAYMENT RECEIVED - THANK YOU	5,225.41CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
01 FEB 06	23786572	WESTJET AIRLINES CALGARY ,AB	12.39CR
01 FEB 06	23786573	WESTJET AIRLINES CALGARY ,AB Traveller : MERALI/ALLAUDIN Ticket no. : RZHYCL Date : 02 FEB 06 Routing/class: YYC/YEG	194.39
02 FEB 06	23783726	YELLOW CABS EDMONTON EDMONTON ,AB	110.00
03 FEB 06	23753189	AIR CANADA - ,MB Ticket no. : 014 2264497615	863.39

Calgary-ntgo

Himss Conf. San Diego Feb 11-15/06

MCC 131153

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116.78

Diners Club International

Payable at all chartered banks and financial institutions in Canada.

Please write your account number on the front of your cheque or money order.

s.17(1), 17(4)(e.1)

Account No : *- ALLAUDIN MERALI*
Statement Date: *03 MAR 06*

New Balance	Payment Due Date
2,456.32	24 MAR 06

Minimum Payment	Enter Amount Paid
123.00	

DINERS CLUB
P.O. BOX 7000
COMMERCE COURT STATION
TORONTO, ON M5L 1L2

s.17(1), 17(4)(e.1)

00001230000024563203240600 3

:00449=900: 96

Diners Club International

APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 03 MAR 06 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
03 FEB 06	23753146	AIR CANADA - ,MB Ticket no. : 014 2264451764			380.34
03 FEB 06	23784124	LIMOJET CORP.SEDAN & L CALGARY ,AB			50.00
03 FEB 06	23784125	LIMOJET CORP.SEDAN & L CALGARY ,AB			50.00
03 FEB 06	23878882	AIR CANADA - ,MB Ticket no. : 014 2264394715			156.00
06 FEB 06	23906399	FAIRMONT HOTELS EDMONTON ,AB			40.00
07 FEB 06	23918452	YELLOW CABS EDMONTON EDMONTON ,AB			55.00
09 FEB 06	24007421	LIMOJET CORP.SEDAN & L CALGARY ,AB			55.00
09 FEB 06	24007422	LIMOJET CORP.SEDAN & L CALGARY ,AB			50.00
09 FEB 06	24007423	LIMOJET CORP.SEDAN & L CALGARY ,AB			50.00
09 FEB 06	24042341	IMPARK 0303LOT# 08FEB0 EDMONTON ,AB			5.00
13 FEB 06	24152707	MARRIOTT SAN DIEGO ,CA UNITED STATES	USD	2.25	2.66
15 FEB 06	24222729	HMS HOST-SAN AIRPT #15 SAN DIEGO ,CA UNITED STATES	USD	4.61	5.46
16 FEB 06	24248103	MARRIOTT CORONADO ,CA UNITED STATES	USD	1,393.88	1,648.95
20 FEB 06	24431961	CDN INST OF CHARTERED TORONTO ,ON			535.00
21 FEB 06	24426508	JACK'S GRILL EDMONTON ,AB			225.00
22 FEB 06	24444886	ROADPOST INC 888-290-1616 ,ON Time : 8:13:38 Duration : 0 To : 000736439			875.36
24 FEB 06	24665554	THE HIGH RUN CLUB EDMONTON ,AB			60.00
26 FEB 06	24662375	NORMANDS RESTAURANT EDMONTON ,AB			283.48
27 FEB 06	24641090	AIR CANADA - ,MB Ticket no. : 014 2291052871			804.34
27 FEB 06	24641091	AIR CANADA - ,MB Ticket no. : 014 2291052873			560.34
27 FEB 06	24702117	HARDWARE GRILL EDMONTON ,AB			310.00
03 MAR 06		ANNUAL FEE			99.00
		BALANCE DUE			2,456.32

Expenses in: Canada: 5,799.25 Foreign: 1,657.07

Office 7,456.32 ← to pay

Deposit 5,000.00

This statement 2,456.32

Tees, Kelley

From: Afacan, Vicky
Sent: Thursday, March 16, 2006 1:03 PM
To: Tees, Kelley
Subject: FW: Diners

Arch -16MAR06

Kelley
Can you please process and let me know. s.17(1), 17(4)(e.1)
Thanks

-----Original Message-----
From: Merali, Allaudin
Sent: Thursday, March 16, 2006 12:59 PM
To: Afacan, Vicky
Subject: Diners

201 9000 7111500000 6 69500000

Can you please pay $7,456.32. Paperwork in for signing. Many thanks.

Allaudin Merali
Executive Vice President &
Chief Financial Officer
Capital Health
1J2 WMC., 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556
amerali@cha.ab.ca

V# 69094
Site Toronto

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor ☐ Patient ☐ Employee (EE number)	
Invoice Date ***18-Apr-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***	
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***	
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country
II PAYMENT DETAILS		
Reason for payment **Mar06 Charges - A. Merali**		PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? ☐ Yes, When?		☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes		☒ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$2,787.91***		***$2,787.91***
201	***9000***	***71115000006***	***62410001***	***97.00***		***97.00***
201	***9000***	***71115000006***	***62412000***	***496.70***		***496.70***
201	***9000***	***71115000006***	***69600000***	***1,718.25***		***1,718.25***
201	***9000***	***71115000006***	***69500000***	***675.00***		***675.00***
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$5,774.86***		$5,750.52 ~~$5,744.86~~

adjust 24.34
5,750.52

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***19-Apr-06***
Approved by *(Print name)* ***Allaudin Merali***		Phone # ***407-3652***
	(Signature) A Merali	Date April 21/06
Approved by *(Print name)* ***Sheila Weatherill***		Phone # ***407-8008***
	(Signature) S Weatherill	Date April 25/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 APR 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
2,456.32	7,456.32CR	5,782.15	782.15	40,000.00	50.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 50.00 reaches us by 25 APR 06.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

ENTER DINERS CLUB'S DISCOVER THE WORLD SWEEPSTAKES SIMPLY BY USING YOUR CARD. FOR FULL DETAILS AND RULES: DINERSCLUBCANADA.COM OR 1 800 363-3333.

Club Rewards Points Balance 135,031

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 MAR 06		PREVIOUS BALANCE	2,456.32
21 MAR 06		PAYMENT RECEIVED - THANK YOU	7,456.32CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
		s.17(1), 17(4)(g)(i)	10.93 Personal
			20.70 Personal
08 MAR 06	25071790	HARDWARE GRILL EDMONTON ,AB Dinner mtg - Delegation from AKCI	416.88
08 MAR 06	25093321	FAIRMONT HOTELS EDMONTON ,AB Bkfst mtg "	105.00
09 MAR 06	25138519	FAIRMONT HOTELS EDMONTON ,AB Bkfst mtg " / U of A	100.00
11 MAR 06	25169782	FAIRMONT HOTELS EDMONTON ,AB	81.64CR
11 MAR 06	25169784	FAIRMONT HOTELS EDMONTON ,AB	24.34CR
14 MAR 06	25254555	SORRENTINO'S DOWNTOWN EDMONTON ,AB	380.00
15 MAR 06	25317155	FAIRMONT HOTELS EDMONTON ,AB	81.64
15 MAR 06	25350323	PALLISER HOTEL CALGARY ,AB Calgary mtg	396.70

MCC 131153

Diners Club International

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 03 APR 06 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description	Amount
15 MAR 06	25349391	NORMANDS RESTAURANT EDMONTON ,AB - Dinner mtg I.S./u Plus	143.37
18 MAR 06	25473196	AIR CANADA - ,MB COACH Conf, Victoria Ticket no. : 014 2291402516	804.34
20 MAR 06	25472153	JACK'S GRILL EDMONTON ,AB Dinner mtg / Exec.	240.00
20 MAR 06	25521127	LIMOJET CORP.SEDAN & L CALGARY ,AB } To+from Airport	50.00
20 MAR 06	25521126	LIMOJET CORP.SEDAN & L CALGARY ,AB }	50.00
21 MAR 06	25564859	MURRIETA'S EDMONTON EDMONTON ,AB - lunch mtg / Business Group	43.00
22 MAR 06	25611920	IMPARK 0077LOT# 20MAR0 EDMONTON ,AB - pkg - mtg - downtown EDC	4.00
22 MAR 06	25842567	YELLOW CABS EDMONTON EDMONTON ,AB	60.00
22 MAR 06	25842568	YELLOW CABS EDMONTON EDMONTON ,AB	20.00
23 MAR 06	25653936	MADISON'S GRILL EDMONTON ,AB Retreat + dinner mtg (Cinco 1000 rented)	675.00
27 MAR 06	25748084	AIR CANADA - ,MB Chicago - EPIC Ticket no. : 014 2291552694	887.52
27 MAR 06	25798714	HARDWARE GRILL EDMONTON ,AB Dinner mtg / Govt / Finance	290.00
27 MAR 06	25932653	YELLOW CABS EDMONTON EDMONTON ,AB	13.00
29 MAR 06	25842744	AIR CANADA - ,MB Boston - EHR Expert Panel Ticket no. : 014 2291582252	1,096.05
		BALANCE DUE	782.15
		Expenses in: Canada: 5,750.52 Foreign: 31.63	

4376.20

782.15

Less personal 31.63

5,750.52

Tees, Kelley

From: Afacan, Vicky
Sent: Friday, April 21, 2006 7:50 AM
To: Tees, Kelley
Subject: FW: Diners

Kelley
Can you please process and let me know when the cheque is ready.
Thanks

-----Original Message-----
From: Merali, Allaudin
Sent: Friday, April 21, 2006 7:49 AM
To: Afacan, Vicky
Subject: Diners

Can you please pay $5,750.52 - paperwork in for signing. Thanks.

Allaudin Merali
Executive Vice President &
Chief Financial Officer
Capital Health
1J2 WMC., 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556
amerali@cha.ab.ca

V. 69094

- 21 APR 06

s.17(1), 17(4)(e.1)

201 9000
7111500006
69500000

Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***3-May-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***		
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***		
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***	
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country	

II PAYMENT DETAILS

Reason for payment **Apr 06 Charges - A. Merali**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes	☒ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$7,777.57***		***$7,777.57***
201	***9000***	***71115000006***	***62410001***	***525.00***		***525.00***
201	***9000***	***71115000006***	***62412000***	***303.12***		***303.12***
201	***9000***	***71115000006***	***69600000***	***678.00***		***678.00***
201	***9000***	***71115000006***	***61030000***	***529.65***		***529.65***
		Personal		***9,813.34***		***9,813.34***
			Credit	***5,782.15***		(1570)
						9797.64
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	~~4,031.19~~ 4,031.19 Deposit		(5,000.00)
				~~162.05~~ Balance		
				~~4,031.34~~ Net		$ 4,797.64

NOTE- there will still be a deposit of $10,000 that was paid in early May/06.

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***18-May-06***
Approved by	*(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
	(Signature) Allaudin Merali	Date May 20/06
Approved by	*(Print name)* ***Sheila Weatherill***	Phone # ***407-8008***
	(Signature) S. Weatherill	Date May 30/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International s.17(1), 17(4)(e.1)

APPLICANT COPY
STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 MAY 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
782.15	5,782.15CR	9,813.34	4,813.34	40,000.00	241.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 241.00 reaches us by 25 MAY 06.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

ENTER DINERS CLUB'S DISCOVER THE WORLD SWEEPSTAKES SIMPLY BY USING YOUR CARD. FOR FULL DETAILS AND RULES: DINERSCLUBCANADA.COM OR 1 800 363-3333.

Club Rewards Points Balance 144,844

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 APR 06		PREVIOUS BALANCE	782.15
27 APR 06		PAYMENT RECEIVED - THANK YOU	5,750.52CR
27 APR 06		PAYMENT RECEIVED - THANK YOU	31.63CR
		ALLAUDIN MERALI (5528 2600 0070 3878)	
29 MAR 06	26255507	YELLOW CABS EDMONTON EDMONTON ,AB (Mtg - Shaw)	20.00 ✓
31 MAR 06	26077441	YELLOW CABS EDMONTON EDMONTON ,AB (pick up airport - Clt -)	120.00 ✓
31 MAR 06	26077442	YELLOW CABS EDMONTON EDMONTON ,AB Airport	60.00 ✓
02 APR 06	26042388	PALLISER HOTEL CALGARY ,AB – Mtg - Calgary	193.12 ✓
02 APR 06	26033098	ALBERTA CO-OP TAXI LIN EDMONTON ,AB Cabs	20.00 ✓
05 APR 06	26265613	BRENTWOOD BAY LODGE & BRENTWOOD BAY ,BC Midway Session	33.42 ✓
05 APR 06	26255505	YELLOW CABS EDMONTON EDMONTON ,AB (airport return - Edmonton)	150.00 ✓
06 APR 06	26231200	LIMOJET CORP.SEDAN & L CALGARY ,AB } Calgary mtg - pick ups	60.00 ✓
06 APR 06	26231202	LIMOJET CORP.SEDAN & L CALGARY ,AB } delivery - Hotel - March 31/06	50.00 ✓

MCC 131153

106.54

Diners Club International

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 MAY 06 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
08 APR 06	26256178	AIR CANADA - ,MB Traveller : 98975680018 Ticket no. : 014 5139975423			3,588.27
11 APR 06	26801579	YELLOW CABS EDMONTON EDMONTON ,AB			19.00
12 APR 06	27031016	CAPITAL TAXI LINE EDMONTON ,AB			16.00
14 APR 06	26560498	AIR CANADA - ,MB Traveller : 98975680018 Ticket no. : 014 2291582322			95.00
17 APR 06	26636057	EARL'S CAMPUS EDMONTON ,AB			28.00
18 APR 06	26764769	TOAST ARRIVALS CAFE#69 EDMONTON ,AB			6.09
19 APR 06	26781641	HMS HOST-ORD AIRPT #15 CHICAGO ,IL UNITED STATES	USD	4.28	4.99
19 APR 06	26781643	HMS HOST-ORD AIRPT #89 CHICAGO ,IL UNITED STATES	USD	40.00	46.61
20 APR 06	26837697	WYNDHAM HOTELS GLENVIEW ,IL UNITED STATES	USD	233.17	271.70
20 APR 06	26861671	UBC CONTINUING MED EDU VANCOUVER ,BC			529.65
20 APR 06	26876957	HARDWARE GRILL EDMONTON ,AB			370.00
23 APR 06	26968318	PALM RESTAURANT-BOSTON BOSTON ,MA UNITED STATES	USD	1,202.96	1,398.91
24 APR 06	27053801	FAMOUS ATLNTC FISH CMP BOSTON ,MA UNITED STATES	USD	345.00	400.82
25 APR 06	27072774	HMSHOST-BOS-AIR #03 EAST BOSTON ,MA UNITED STATES	USD	3.76	4.35
25 APR 06	27150741	AIR CANADA - ,MB CANADA Ticket no. : 014 2291361973	USD	40.00	46.17
25 APR 06	27150743	AIR CANADA - ,MB CANADA Ticket no. : 014 2291582252	USD	40.00	46.17
26 APR 06	27105748	FAIRMONT HOTELS BOSTON ,MA UNITED STATES	USD	887.62	1,025.69
26 APR 06	27105751	FAIRMONT HOTELS BOSTON ,MA UNITED STATES	USD	37.80	43.68
26 APR 06	27148917	YELLOW CABS EDMONTON EDMONTON ,AB			120.00
26 APR 06	27165462	HARDWARE GRILL EDMONTON ,AB			280.00
27 APR 06	27163302	PATRONATO ALHAMBRA GE GRANADA ,ES SPAIN	EUR	10.88	15.70
30 APR 06	27409239	PESCATORE'S FISH HOUSE VICTORIA ,BC			750.00
		BALANCE DUE Expenses in: Canada: 6,600.89		Foreign: 3,212.45	4,813.34

Deposit
- prev. 5,000
- May 10,000
15,000
USED against this pay 5,000
10,000 ← Balance Remains

Office 9,797.64
Personal 15.70
9813.34

APPLICANT COPY

Tees, Kelley

V. 69094

From: Afacan, Vicky
Sent: Tuesday, May 23, 2006 9:21 AM
To: Tees, Kelley
Subject: FW: Diners Club

Kelley
Can you please prepare the cheque and let me know.
Thanks

- 23MA506

From: Corrigan, Trudy
Sent: Tuesday, May 23, 2006 8:21 AM
To: Afacan, Vicky
Cc: Merali, Allaudin
Subject: Diners Club

s.17(1), 17(4)(e.1)

Vicky - can you make a payment of $4,797.64 to Allaudin's Diners.

Documentation in for sign off.

Thnx
Trudy

201 9000
7111 500000 6
69500000

Executive Secretary to
Executive Vice President and
Chief Financial Officer
Capital Health
1J2 WMC, 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556

Capital Health

APPLICANT COPY file copy

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***2-Jun-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***		
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***		
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***	
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country	

II PAYMENT DETAILS

Reason for payment **Mayr 06 Charges - A. Merali**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes	☒ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$6,808.91***		***6,808.91***
201	***9000***	***71115000006***	***62410001***	***175.00***		***175.00***
201	***9000***	***71115000006***	***62410000***	***2.50***		***2.50***
201	***9000***	***71115000006***	***69600000***	***661.11***		***661.11***
201	***9000***	***71115000006***	***62412000***	***800.69***		***800.69***
201	***9000***	***71115000006***	***61030000***	***985.89***		***985.89***
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$9,434.10***		***$9,434.10***

IV AUTHORIZATION

Paid $10,000 to avoid interest charge - dollar difference will offset next month payment

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***22-Jun-06***
Approved by	*(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
	(Signature) Allaudin Merali	Date June 26/06
Approved by	*(Print name)* ***Sheila Weatherill***	Phone # ***407-8008***
	(Signature) Weatherill	Date June 30/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 02 JUN 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
4,813.34	14,813.34CR	10,777.20	777.20	40,000.00	50.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 50.00 reaches us by 23 JUN 06.

s.17(1), 17(4)(g)(i)

DINERS CLUB WAS RECENTLY VOTED THE BEST AFFINITY CARD PROGRAM FOR A RECORD-BREAKING NINTH YEAR IN A ROW AT THE PRESTIGIOUS FREDDIE AWARDS.

Club Rewards Points Balance 155,621

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description			Amount
03 MAY 06		PREVIOUS BALANCE			4,813.34
10 MAY 06		PAYMENT RECEIVED - THANK YOU			10,000.00CR
29 MAY 06		PAYMENT RECEIVED - THANK YOU			15.70CR
30 MAY 06		PAYMENT RECEIVED - THANK YOU			4,797.64CR
		s.17(1), 17(4)(e.1)			
		ALLAUDIN MERALI			
26 APR 06	27548669	CAPITAL TAXI LINE EDMONTON ,AB (return from mtg)			24.00
02 MAY 06	27424789	VICTORIA AIRPORT SIDNEY ,BC } COACH Conf. Victoria			3.37
03 MAY 06	27524980	FAIRMONT EMPRESS VICTORIA ,BC }			476.51
03 MAY 06	27790175	YELLOW CABS EDMONTON EDMONTON ,AB } to + from mtg.			13.00
03 MAY 06	27962210	CAPITAL TAXI LINE EDMONTON ,AB }			21.00
04 MAY 06	27521430	EMPRESS TAXI VICTORIA ,BC — airport - Victoria - COACH			55.00
04 MAY 06	27517689	RENFE 001 MADRID ,ES SPAIN	EUR	16.05	23.09
04 MAY 06	27615767	MARLIN TRAVEL EDMONTON ,AB e-Health - Travel - ~~Hotel~~ Spain - charge for 1 of 2 flights			456.70

MCC 131153

107.67

Diners Club International

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 02 JUN 06 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
06 MAY 06	27653049	RESTAURANTE CHIKITO GRANADA ,ES SPAIN	EUR	62.54	90.33
07 MAY 06	27682394	LA CASTELLANA GANIVET GRANADA ,ES SPAIN	EUR	12.30	17.77
08 MAY 06	27667729	GTA NORTH AMERICA LONDON ,GB			690.00
08 MAY 06	27666682	HOTELES MELIA GRANADA ,ES SPAIN	EUR	[illegible]	544.05
08 MAY 06	27731183	N H MALAGA S.A MALAGA ,ES SPAIN	EUR	2.77	4.02
09 MAY 06	27740998	PALO CORTADO MALAGA ,ES SPAIN	EUR	531.70	771.49
11 MAY 06	27836242	ECI MALAGA ,ES			16.21
12 MAY 06	27892255	HOTELES MELIA MALAGA ,ES			31.18
12 MAY 06	27913925	EMPRESS TAXI VICTORIA ,BC			55.00
12 MAY 06	28009234	CAFETERIA ANGLADA MALAGA ,ES SPAIN	EUR	10.25	14.97
12 MAY 06	28043933	INTEGRA LETHBRIDGE ,AB			313.69
13 MAY 06	28009235	RESTAURANTE LA RAZA SEVILLA ,ES SPAIN	EUR	322.61	471.21
14 MAY 06	28015631	SHERATON SEVILLE ,ES SPAIN	EUR	883.68	1,290.70
15 MAY 06	28047797	AIR CANADA - ,MB Ticket no. : 014 2290460718			487.00
17 MAY 06	28318122	YELLOW CAB EDMONTON			60.00
17 MAY 06	28318123	YELLOW CAB EDMONTON			57.00
18 MAY 06	28445799	THE HIGH RUN CLUB EDMONTON ,AB			34.00
22 MAY 06	28378048	ROADPOST INC 888-290-1616 ,ON Duration : 0			359.11
24 MAY 06	28636874	ALASKA AIRLINES EDMONTON ,AB Traveller : MERALI/ALLAUDIN MR Ticket no. : 027 0000229041 Date : 06 JUN 06 to : 07 JUN 06 Routing/class: YEG/SEA/OAK/SEA/YEG T T T T Carrier : AS/AS/AS/AS			485.31
25 MAY 06	28532382	AIR CANADA - ,MB Ticket no. : 014 2290460863			1,312.00
25 MAY 06	28601298	RSNA CONVENTION 800-424-5249 ,IL UNITED STATES	USD	870.00	985.89
25 MAY 06	28715399	HARDWARE GRILL EDMONTON ,AB			170.00
26 MAY 06	28715449	HY'S STEAK LOFT EDMONTON ,AB			98.00
29 MAY 06	28768909	IMPARK 0354LOT# 25MAY0 EDMONTON ,AB			2.50

s.17(1), 17(4)(g)(i)

1,343.10

777.20

Please see reverse for further transactions.

Tees, Kelley

From: Afacan, Vicky
Sent: Friday, May 05, 2006 8:29 AM
To: Tees, Kelley
Subject: FW: Diners

Kelley
Can you please prepare the cheque and let me know.
Thanks

-----Original Message-----
From: Merali, Allaudin
Sent: Friday, May 05, 2006 6:59 AM
To: Afacan, Vicky
Subject: Diners

Can you please prepay Diners $10,000 - this is to advance against the charges being incurred as I am travelling on business. This will be signed off and included when the next statement is submitted. Thanks.

Allaudin Merali
Executive Vice President &
Chief Financial Officer
Capital Health
1J2 WMC., 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556
amerali@cha.ab.ca

201 9000
7111 5000006
6950000

Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION *(Check one only)*	☒ Vendor ☐ Patient ☐ Employee (EE number)	
Invoice Date ***14-Jul-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***	
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***	
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country
II PAYMENT DETAILS		
Reason for payment **June/ 06 Charges - A. Merali**		PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received? ☐ Yes, When?		☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes		☒ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$81.92***		***$81.92***
201	***9000***	***71115000006***	***62410001***	***28.00***		***28.00***
201	***9000***	***71115000006***	***62410000***	***1.00***		***1.00***
201	***9000***	***71115000006***	***69600000***	***230.00***		***230.00***
201	***9000***	***71115000006***	***61020006***	***14.75***		***14.75***
201	***9000***	***71115000006***	***61030000***	***4,595.25***		***4,595.25***
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$4,950.92***		***$4,950.92***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corriga	Date ***14-Jul-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date
Approved by *(Print name)* ***Sheila Weatherill***	Phone # ***407-8008***
(Signature) S. Weatherill	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 04 JUL 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
777.20	11,343.10CR	4,950.92	5,614.98CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

YOU COULD WIN THE ULTIMATE EUROPEAN VACATION AND TEE OFF WITH AN EXCLUSIVE GOLF OFFER. SEE THE ENCLOSED INSERT FOR DETAILS.

Club Rewards Points Balance 160,572

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
02 JUN 06		PREVIOUS BALANCE	777.20
27 JUN 06		PAYMENT RECEIVED - THANK YOU	10,000.00CR
30 JUN 06		PAYMENT RECEIVED - THANK YOU	1,343.10CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
31 MAY 06	28866647	U OF ALBERTA 26/05 12 EDMONTON	1.00 Parking
31 MAY 06	29161292	YELLOW CAB EDMONTON ,AB	28.00 ✓
14 JUN 06	29576807	LE CHATEAU MONTEBELLO MONTEBELLO ,QC -EHR Conf.	81.92 ✓
22 JUN 06	29884732	ROADPOST INC 888-290-1616 ,ON Cell rental for Spain Duration : 0	14.75
26 JUN 06	30133614	JACK'S GRILL EDMONTON ,AB Dinner mtg.	230.00 CH dinner meeting CH+VB.
26 JUN 06	30166352	PERFORM INC. MONTREAL ,QC Reg. World Health Exec Forum	4,595.25 ✓
		BALANCE DUE	5,614.98CR
		Expenses in: Canada: 4,950.92	

4950.92

Capital Health

KM APPLICANT COPY 2006 - 5000

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***3-Aug-06*** *(DD-MMM-YY)*	Invoice Number ***204480115*** -03Aug06		
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***		
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***	
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country	

II PAYMENT DETAILS

Reason for payment **Jun-Jul/06 Charges - A. Merali**		PO #
Is this a contract payment?	☐ Yes *(Attach copy of contract if not previously forwarded)*	☒ No
If this is a contract payment, what is the contract date?		Number
Have goods / services been received?	☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)*	☐ Yes	☒ No

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$4,330.06***		***$4,330.06***
201	***9000***	***71115000006*** 62410000	***62410001*** Expired	***129.00***		***129.00***
201	***9000***	***71115000006***	***69500000***	***2,303.60***		***2,303.60***
201	***9000***	***71115000006***	***69600000***	***1,108.17***		***1,108.17***
201	***9000***	***71115000006***	***62412000***	***1,167.98***		~~***1,167.98***~~ 1,135.90
						9,006.73
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$9,038.81***		~~***$9,038.81***~~

Capital Health RECEIVED AUG 16 2006 ACCOUNTS PAYABLE

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***15-Aug-06***
Approved by	*(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
	(Signature) Allaudin Merali	Date Aug. 15/06
Approved by	*(Print name)* ***Sheila Weatherill*** A(10) extended	Phone # ***407-8008***
	(Signature)	Date Aug 17/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
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4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

s.17(1), 17(4)(e.1)

Date	Reference No.	Description	Amount
04 JUL 06		PREVIOUS BALANCE	5,614.98CR
27 JUL 06		PAYMENT RECEIVED - THANK YOU	4,950.92CR
		ALLAUDIN MERALI	
21 JUN 06	30942799	YELLOW CAB EDMONTON ,AB } Cab to/a from meeting	13.00
21 JUN 06	30942801	YELLOW CAB EDMONTON ,AB }	13.00
22 JUN 06	30501706	YELLOW CAB EDMONTON ,AB — Cab - return from mtg	18.00
29 JUN 06	30800829	YELLOW CAB EDMONTON ,AB } Cab to/a from Tekso mtg	13.00
29 JUN 06	30942800	YELLOW CAB EDMONTON ,AB }	18.00
30 JUN 06	30467608	MURRIETA'S EDMONTON EDMONTON ,AB / Lunch mtg (Govt Affairs, Constituents, CH)	120.00
02 JUL 06	30505084	PALLISER HOTEL CALGARY ,AB	~~442.89~~ Can
04 JUL 06	30502349	WEBER MOTORS LTD EDMONTON ,AB - Car phone	2,303.60
05 JUL 06	31023323	YELLOW CAB EDMONTON ,AB - Cab - mtg - Jasmine Mae	13.00
06 JUL 06	30528540	AIR CANADA - ,MB Ticket no. : 014 2290723645 Calgary.	600.90
06 JUL 06	30624766	NORMANDS RESTAURANT EDMONTON ,AB Dinner mtg (Academic Health Exec crew)	159.44
06 JUL 06	31074979	YELLOW CAB EDMONTON ,AB — return from mtg only	13.00
07 JUL 06	30579489	AIR CANADA - ,MB Ticket no. : 014 2290723660 HP Conf, Adelaide	617.69
07 JUL 06	31023327	YELLOW CAB EDMONTON ,AB — mtg AHow	10.00
09 JUL 06	30800831	YELLOW CAB EDMONTON ,AB airpot trips - Lucy - 3 guests - AKU	180.00
11 JUL 06	30822793	FAIRMONT HOTELS EDMONTON ,AB - AHow Staff re Reports	62.00
12 JUL 06	30895946	LA SPIGA EDMONTON ,AB - Dinner mtg (EHR) w/ Ft Alberta Health & CH	200.00
12 JUL 06	31588890	YELLOW CAB EDMONTON ,AB - return from mtg only	18.00
14 JUL 06	30945138	NORMANDS RESTAURANT EDMONTON ,AB (Academic Health/HR Exec area)	406.23
14 JUL 06	30937120	CHECKER CABS CALGARY ,AB airpot - Calgary	50.00
14 JUL 06	31074978	YELLOW CAB EDMONTON ,AB — To/from airpot - Edmonton	130.00

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Date	Reference No.	Description			Amount
17 JUL 06	31007175	AIR CANADA - ,MB Ticket no. : 014 2290815630			3,355.50
17 JUL 06	31077309	TOAST ARRIVALS CAFE#69 EDMONTON ,AB			7.00
18 JUL 06	31095777	MEARS TRANS. SALES ORLANDO UNITED STATES	USD	40.00	46.53
18 JUL 06	31121382	PALLISER HOTEL CALGARY			442.89CR
20 JUL 06	31177903	MARRIOTT ORLANDO ,FL UNITED STATES	USD	262.00	303.34
21 JUL 06	31243262	AIR LINKER LIMOUSINE CALGARY ,AB			55.00
25 JUL 06	31445597	YELLOW CAB EDMONTON ,AB			120.00
		s.17(1), 17(4)(g)(i)			32.08
01 AUG 06	31773892	NORMANDS RESTAURANT EDMONTON ,AB			160.50
		BALANCE DUE Expenses in: Canada: 8,688.94 Foreign: 349.87			1,527.09CR

Dermat/thoracic EHR - Allow.

HP Conf. @ 6.03 US

Orlando

Cancelled

Personal

9038.81

Personal 32.08

9006.73

Capital Health

APPLICANT COPY Pd by Cheque 204691

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***5-Sep-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***		
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***		
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***	
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country	
II PAYMENT DETAILS			
Reason for payment **Aug/06 Charges - A. Merali**		PO #	
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)*		☒ No	
If this is a contract payment, what is the contract date?		Number	
Have goods / services been received? ☐ Yes, When?		☐ No	
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes	☒ No		

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$2,194.14***		***$2,194.14***
201	***9000***	***71115000006***	***62410001***	***292.00***		***292.00***
201	***9000***	***71115000006***	***62410000***	***961.80***		***961.80***
201	***9000***	***71115000006***	***69600000***	***21,430.71***		***1,430.71***
201	***9000***	***71115000006***	***61030000***	***837.96***		***837.96***
201	***9000***	***71115000006***	***66040000***	***213.59***		***213.59***
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$5,930.20***		***$5,930.20***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***		Phone # ***407-3652***
	(Signature) T. Corrigan	Date ***18-Sep-06***
Approved by *(Print name)* ***Allaudin Merali***		Phone # ***407-3652***
	(Signature) Allaudin Merali	Date Sept. 18/06
Approved by *(Print name)* ***Sheila Weatherill***		Phone # ***407-8008***
	(Signature) S. Shwaluk for S. Weatherill	Date Sept 19/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

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Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 05 SEP 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
1,527.09CR	9,038.81CR	7,895.69	2,670.21CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

PLEASE FIND ENCLOSED A SPECIAL EDITION NEWSLETTER ON THE CLUB REWARDS PROGRAM FEATURING TIME-LIMITED REWARDS, SELECT OFFERS AND PROGRAM HIGHLIGHTS.

Club Rewards Points Balance: 177,507

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 AUG 06		PREVIOUS BALANCE	1,527.09CR
22 AUG 06		PAYMENT RECEIVED - THANK YOU	32.08CR
25 AUG 06		PAYMENT RECEIVED - THANK YOU	9,006.73CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
02 AUG 06	31785977	JACK'S GRILL EDMONTON ,AB (Dinner mtg TC)	260.00 ✓
		s.17(1), 17(4)(g)(i)	1,047.55 Resp
09 AUG 06	32221119	HARDWARE GRILL EDMONTON ,AB (Dinner mtg MW)	280.00 ✓
10 AUG 06	32117751	AIR CANADA - ,MB Calgary - Opening AC Hosp Ticket no. : 014 2290915058 mtg.	319.90 ✓
10 AUG 06	32273840	BRITISH M EDMONTON ,AB hondo - Copenhagen Traveller : MERALI/ALLAUDIN MR Sept/06 Ticket no. : 236 2290915090 Date : 06 SEP 06 Routing/class: LHR/CPH/LHR Carrier : BD/BD	340.90 ✓
14 AUG 06	32383246	LA SPIGA EDMONTON ,AB Dinner (BD group)	840.68 ✓
14 AUG 06	32545283	HIMSS CHICAGO UNITED STATES USD Reg fee 730.00 Himss Conf	837.96 ✓
14 AUG 06	32822734	CAPITAL TAXI LINE EDMONTON ,AB Cab - mtg -	14.00 ✓
15 AUG 06	32326667	HEALTHCARE FNCL MGMT A USD Subscription 185.00 WESTCHESTER ,IL UNITED STATES fee	213.59 ✓
15 AUG 06	32446956	UNITED AIRLINES TORONTO ,ON Cincinnati Traveller : MERALI/ALLAUDIN MR J-J trip Ticket no. : 016 2290915129 Date : 21 SEP 06 to : 21 SEP 06 Ethics Routing/class: YEG/DEN/CVG/DEN/YEG Q Q Q Q Carrier : UA/UA/UA/UA	640.47 ✓
15 AUG 06	32738344	YELLOW CAB EDMONTON ,AB - mtg return	18.00 ✓
17 AUG 06	32484249	CHECKER CABS CALGARY Airport - mtg.	35.00 ✓
17 AUG 06	32640765	BEST WESTERN VLG PK IN CALGARY ,AB mtg - Dr. J. - Calgary	18.00 ✓
17 AUG 06	32638457	HY'S STEAKHOUSE-CALGAR CALGARY ,BC mtg (Calgary Cancer Staff	160.00 ✓

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~~7442.60~~ 3978.50

Diners Club International

APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 05 SEP 06 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
17 AUG 06	32793948	ASSOCIATED CAB/ALLIED CALGARY ,AB Cab - mtg-airport			21.00
18 AUG 06	32638779	PALLISER HOTEL F & B CALGARY ,AB			31.00
18 AUG 06	32677055	UNITED AIRLINES TORONTO ,ON EHR Expert Panel. Traveller : MERALI/ALLAUDIN MR Ticket no. : 016 2290915170 Date : 03 OCT 06 to : 03 OCT 06 Routing/class: LGA/BOS/BOS/BOS/BOS B B B B Carrier : UA/UA/UA/UA			355.76
19 AUG 06	32614407	AIR CANADA - ,MB Calgary - Mtg - prep - hotel Remark Ticket no. : 014 2290915147			236.90
		s.17(1), 17(4)(g)(i)			684.35 Personal
21 AUG 06	32887586	YELLOW CAB EDMONTON ,AB			130.00
23 AUG 06	32824273	BRITISH M EDMONTON ,AB Airline tkt - EHR Traveller : MERALI/ALLAUDIN MR Ticket no. : 236 2290915203 3 Date : 06 SEP 06 Routing/class: LCY/CPH/LHR Carrier : SK/BD			352.50
		s.17(1), 17(4)(g)(i)			233.60 Personal
25 AUG 06	32847425	EARL'S CAMPUS EDMONTON ,AB Dinner Mtg			50.03
29 AUG 06	33070007	YELLOW CAB EDMONTON ,AB			130.00
30 AUG 06	33066726	AIR CANADA - ,MB — ticket Charge (Calgary) Ticket no. : 014 2290915107			40.00
01 SEP 06	33218181	LIMOJET CORP.SEDAN & L CALGARY ,AB - Cab - Airport			50.00
01 SEP 06	33218183	LIMOJET CORP.SEDAN & L CALGARY ,AB			50.00
02 SEP 06	33224071	NOURA Airline trip - EHR LONDON SW1W ,GB UNITED KINGDOM	GBP	204.50	437.72
02 SEP 06	33228365	HEATHROW RAIL LINK CENTRAL TERM UNITED KINGDOM	GBP	14.50	31.04
03 SEP 06	33277678	PRIDE OF PADDINGTON LONDON UNITED KINGDOM	GBP	13.45	28.93
04 SEP 06	33297802	SAINSBURYS SMKT PADDINGTON UNITED KINGDOM	GBP	3.17	6.81
		BALANCE DUE Expenses in: Canada: 6,339.64 Foreign: 1,556.05			2,670.21CR

1951.69

APPLICANT COPY

Capital Health

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient ☐ Employee (EE number)

Invoice Date ***5-Sep-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***	
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***	
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country

II PAYMENT DETAILS

Reason for payment **Aug/06 Charges - A. Merali**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☒ No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$2,194.14***		***$2,194.14***
201	***9000***	***71115000006***	***62410001***	***292.00***		***292.00***
201	***9000***	***71115000006***	***62410000***	***961.80***		***961.80***
201	***9000***	***71115000006***	***69600000***	***21,430.71***		***1,430.71***
201	***9000***	***71115000006***	***61030000***	***837.96***		***837.96***
201	***9000***	***71115000006***	***66040000***	***213.59***		***213.59***
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$5,930.19***		***$5,930.19***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***18-Sep-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) Allaudin Merali	Date Sept. 18/06
Approved by *(Print name)* ***Sheila Weatherill***	Phone # ***407-8008***
(Signature)	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

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April 2005

Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 05 SEP 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
1,527.09CR	9,038.81CR	7,895.69	2,670.21CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

PLEASE FIND ENCLOSED A SPECIAL EDITION NEWSLETTER ON THE CLUB REWARDS PROGRAM FEATURING TIME-LIMITED REWARDS, SELECT OFFERS AND PROGRAM HIGHLIGHTS.

Club Rewards Points Balance 177,507

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 AUG 06		PREVIOUS BALANCE	1,527.09CR
22 AUG 06		PAYMENT RECEIVED - THANK YOU	32.08CR
25 AUG 06		PAYMENT RECEIVED - THANK YOU	9,006.73CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
02 AUG 06	31785977	JACK'S GRILL EDMONTON ,AB (Dinner mtg TC)	260.00 ✓
		s.17(1), 17(4)(g)(i)	1,047.55
09 AUG 06	32221119	HARDWARE GRILL EDMONTON ,AB (Dinner mtg Mer)	280.00 ✓
10 AUG 06	32117751	AIR CANADA - ,MB Calgary - Opening AC Hosp Ticket no. : 014 2290915058 mtg.	319.90 ✓
10 AUG 06	32273840	BRITISH M EDMONTON ,AB hondo - Copenhagen Traveller : MERALI/ALLAUDIN MR Sept/06 Ticket no. : 236 2290915090 Date : 06 SEP 06 Routing/class: LHR/CPH/LHR Carrier : BD/BD	340.90 ✓
14 AUG 06	32383246	LA SPIGA EDMONTON ,AB Dinner (BP group)	840.68 ✓
14 AUG 06	32545283	HIMSS CHICAGO UNITED STATES USD Reg fee Himss 230.00 Conf	837.96 ✓
14 AUG 06	32822734	CAPITAL TAXI LINE EDMONTON ,AB Cab mtg -	14.00 ✓ ✓
15 AUG 06	32326667	HEALTHCARE FNCL MGMT A USD Subscription 185.00 WESTCHESTER ,IL UNITED STATES fee	213.59 ✓
15 AUG 06	32446956	UNITED AIRLINES TORONTO ,ON Cincinnati Traveller : MERALI/ALLAUDIN MR J-J trip Ticket no. : 016 2290915129 Ethico Date : 21 SEP 06 to : 21 SEP 06 Routing/class: YEG/DEN/CVG/DEN/YEG Q Q Q Q Carrier : UA/UA/UA/UA	640.47 ✓
15 AUG 06	32738344	YELLOW CAB EDMONTON ,AB - mtg return	18.00 ✓ ✓
17 AUG 06	32484249	CHECKER CABS CALGARY Airport - mtg.	35.00 ✓ ✓
17 AUG 06	32640765	BEST WESTERN VLG PK IN CALGARY ,AB Mtg - Dr. J. - Calgary	18.00 ✓ ✓
17 AUG 06	32638457	HY'S STEAKHOUSE-CALGAR CALGARY ,BC mtg (Calgary Expo staff	160.00 ✓

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~~7443.00~~ 3978.50

Diners Club International

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 05 SEP 06 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
17 AUG 06	32793948	ASSOCIATED CAB/ALLIED CALGARY ,AB Cab - mtg - airport			21.00
18 AUG 06	32638779	PALLISER HOTEL F & B CALGARY ,AB			31.00
18 AUG 06	32677055	UNITED AIRLINES TORONTO ,ON Traveller : MERALI/ALLAUDIN MR Ticket no. : 016 2290915170 Date : 03 OCT 06 to : 03 OCT 06 Routing/class: LGA/BOS/BOS/BOS/BOS B B B B Carrier : UA/UA/UA/UA			355.76
19 AUG 06	32614407	AIR CANADA - ,MB Ticket no. : 014 2290915147 Calgary - Mtg - prep - Lodo/Renault			236.90
		s.17(1), 17(4)(g)(i)			684.35
21 AUG 06	32887586	YELLOW CAB EDMONTON ,AB			130.00
23 AUG 06	32824273	BRITISH M EDMONTON ,AB Traveller : MERALI/ALLAUDIN MR Ticket no. : 236 2290915203 3 Date : 06 SEP 06 Routing/class: LCY/CPH/LHR Carrier : SK/BD Attend trip - EHR			352.50
		s.17(1), 17(4)(g)(i)			233.60
25 AUG 06	32847425	EARL'S CAMPUS EDMONTON ,AB Dinner Mtg			50.03
29 AUG 06	33070007	YELLOW CAB EDMONTON ,AB			130.00
30 AUG 06	33066726	AIR CANADA - ,MB — ticket Charge (Calgary) Ticket no. : 014 2290915107			40.00
01 SEP 06	33218181	LIMOJET CORP.SEDAN & L CALGARY ,AB - Cab - Airport			50.00
01 SEP 06	33218183	LIMOJET CORP.SEDAN & L CALGARY ,AB			50.00
02 SEP 06	33224071	NOURA LONDON SW1W ,GB UNITED KINGDOM	GBP	204.50	437.72
02 SEP 06	33228365	HEATHROW RAIL LINK CENTRAL TERM UNITED KINGDOM	GBP	14.50	31.04
03 SEP 06	33277678	PRIDE OF PADDINGTON LONDON UNITED KINGDOM	GBP	13.45	28.93
04 SEP 06	33297802	SAINSBURYS SMKT PADDINGTON UNITED KINGDOM	GBP	3.17	6.81

Attend trip - EHR

BALANCE DUE 2,670.21CR

Expenses in: Canada: 6,339.64 Foreign: 1,556.05

1951.69

APPLICANT COPY

Tees, Kelley

From: Corrigan, Trudy
Sent: Tuesday, September 19, 2006 2:04 PM
To: Afacan, Vicky
Cc: Tees, Kelley
Subject: Diners Club

Vicky/Kelley

Can you please pay $5,930.19 on Allaudin's Diners.

I will scan over to you (as soon as I can get on the machine!) and will send original over as soon as it is signed.

V. 69094 Diners Club

Thanks
Trudy

Trn #: -195806

Executive Secretary to
Executive Vice President and
Chief Financial Officer
Capital Health
1J2 WMC, 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556

s.17(1), 17(4)(e.1)

201 9000 7111500006
624400

Capital Health

APPLICANT COPY

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

Payment Requisition

I PAYEE INFORMATION *(Check one only)*	☒ Vendor	☐ Patient	☐ Employee (EE number)
Invoice Date ***3-Oct-06*** *(DD-MMM-YY)*	Invoice Number ***204480115***		
Vendor Number (or S.I.N.)	Payee Name ***Diners Club***		
Address ***P.O. Box 7000, Commerce Court Postal Station***		City ***Toronto***	
Province/State ***ONT***	Postal Code ***M5L 1L2***	Country	

II PAYMENT DETAILS

Reason for payment **Sept/06 Charges - A. Merali**	PO #
Is this a contract payment? ☐ Yes *(Attach copy of contract if not previously forwarded)* ☒ No	
If this is a contract payment, what is the contract date?	Number
Have goods / services been received? ☐ Yes, When?	☐ No
Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No	

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT) *(Departments must provide Complete Coding)*

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$3,725.88***		***$3,725.88***
201	***9000***	***71115000006***	***62410001***	***59.00***		***59.00***
201	***9000***	***71115000006***	***62410000***	***260.00***		***260.00***
201	***9000***	***71115000006***	***69600000***	***1,090.21***		***1,090.21***
201	***9000***	***71115000006***	***62412000***	***266.79***		***266.79***
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$5,401.88***		***$5,401.88***

IV AUTHORIZATION

I confirm that the above items have not been previously paid and the expenses related only to Capital Health business.

Requisitioned by *(Print name)* ***Trudy Corrigan***	Phone # ***407-3652***
(Signature) T. Corrigan	Date ***16-Oct-06***
Approved by *(Print name)* ***Allaudin Merali***	Phone # ***407-3652***
(Signature) A Merali	Date
Approved by *(Print name)* ***Sheila Weatherill***	Phone # ***407-8008***
(Signature)	Date Oct 25/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1

Notes:
1) All employee payments will be made electronically based on payroll banking information.
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International

APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 03 OCT 06 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
14 SEP 06	33884466	CHARACTERS RESTAURANT EDMONTON ,AB – Farewell Dinner Hon Wajnuk (CFO's)			689.21 ✓
15 SEP 06	33829521	AIR CANADA - ,MB Ticket no. : 014 5930763892 – ticket charge - Aug 28			40.00 ✓
21 SEP 06	34134770	AIR CANADA - ,MB Ticket no. : 014 2290915219 Calgary trip - Aug 28			222.00 ✓
21 SEP 06	34244174	TOAST ARRIVALS CAFE#69 EDMONTON ,AB –			4.79 ✓
22 SEP 06	34239503	DOUBLETREE GUEST SUITE SHARONVILLE ,OH UNITED STATES	USD	189.74 Cincinnati trip - JJ.	216.42 ✓
22 SEP 06	34231110	EXEC TRANSPORTATION 8592618841 ,KY UNITED STATES	USD	85.92	98.00 ✓
23 SEP 06	34230930	HMS HOST-ORD AIRPT #15 CHICAGO ,IL UNITED STATES	USD	4.28	4.89 ✓
24 SEP 06	34407400	HY'S STEAK LOFT EDMONTON ,AB Dinner mtg (DS, DW, MG)			285.00 ✓
26 SEP 06	34404041	JACK'S GRILL EDMONTON ,AB Dinner mtg (TC & JM)			26.00 ✓
27 SEP 06	34484566	EXEC TRANSPORTATION 8592618841 ,KY UNITED STATES	USD	71.68 Cincinatti JJ - group	81.33 no receipt missed trip
27 SEP 06	34484568	EXEC TRANSPORTATION 8592618841 ,KY UNITED STATES	USD	81.92 airport, mtg	92.96 ✓
30 SEP 06	34606203	EARL'S CAMPUS EDMONTON ,AB s.17(1), 17(4)(g)(i)			90.00 ✓
					~~389.64~~ Personal
					~~114.14~~ Personal

s.17(1), 17(4)(g)(i)

BALANCE DUE 4,660.24CR

Expenses in: Canada: 1,791.00 Foreign: 4,114.66

~~1760.60~~ 1850.60

5,905.66

Personal 389.64
114.14

503.78

5,401.88 New Item

APPLICANT COPY

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
05 SEP 06		PREVIOUS BALANCE			2,670.21CR
25 SEP 06		PAYMENT RECEIVED - THANK YOU			1,965.50CR
25 SEP 06		PAYMENT RECEIVED - THANK YOU			5,930.19CR
		ALLAUDIN MERALI			
16 AUG 06	33831366	UNITED AIRLINES TORONTO ,ON Traveller : MERALI/ALLAUDIN MR Ticket no. : 016 2290915143 Routing/class: YEG/DEN/CVG/ORD/YEG Q Q Q Q Carrier : UA/UA/UA/UA	Ticket change Annemarie		115.00
29 AUG 06	33355503	CAPITAL TAXI LINE EDMONTON ,AB	- Return - ntg		20.00
05 SEP 06	33576289	CAPITAL TAXI LINE EDMONTON ,AB			12.00
06 SEP 06	33318006	SOFITEL ST. JAMES LONDON. ,GB UNITED KINGDOM	GBP	65.00	139.71
06 SEP 06	33381992	HILTON HOTEL HILTON UNITED KINGDOM	GBP	938.65	2,004.69
06 SEP 06	33428281	YELLOW CAB EDMONTON ,AB	- Visitors from Spain - airport trips		260.00
07 SEP 06	33465536	HOTEL PLAZA ODENSE AS ODENSE C ,DN DENMARK	DKK	420.00	81.65
07 SEP 06	33585486	SAS HOTELS KOEBENHAVN S ,DN DENMARK	DKK	934.00	181.48
08 SEP 06	33506223	TAXA 4X35 VANLOESE ,DN DENMARK	DKK	126.37	24.57
08 SEP 06	33506224	TAXA 4X35 VANLOESE ,DN DENMARK	DKK	173.36	33.70
08 SEP 06	33607762	YELLOW CAB EDMONTON ,AB			13.00
09 SEP 06	33560572	RAVELINEN REST KOEBENHAVN K ,DN DENMARK	DKK	730.00	141.93
09 SEP 06	33560573	RESTAURANT LEONORE CHR KOEBENHAVN K ,DN DENMARK	DKK	725.00	140.95
10 SEP 06	33585487	SAS HOTELS KOEBENHAVN S ,DN DENMARK	DKK	1,897.00	368.60
13 SEP 06	34352159	YELLOW CAB EDMONTON ,AB	- Return - ntg		14.00

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358.20

Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 03 OCT 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
2,670.21CR	7,895.69CR	5,905.66	4,660.24CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

See dinersclubcanada.com or the back of your Summary of Rewards page for offers from Fairmont Hotels & Resorts, Privileged Play Golf and GlobalPass.

Club Rewards Points Balance 183,413

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description			Amount
05 SEP 06		PREVIOUS BALANCE			2,670.21CR
25 SEP 06		PAYMENT RECEIVED - THANK YOU			1,965.50CR
25 SEP 06		PAYMENT RECEIVED - THANK YOU			5,930.19CR
		s.17(1), 17(4)(e.1)			
		ALLAUDIN MERALI			
16 AUG 06	33831366	UNITED AIRLINES TORONTO ,ON Traveller : MERALI/ALLAUDIN MR Ticket no. : 016 2290915143 Routing/class: YEG/DEN/CVG/ORD/YEG Q Q Q Q Carrier : UA/UA/UA/UA			115.00
29 AUG 06	33355503	CAPITAL TAXI LINE EDMONTON ,AB			20.00
05 SEP 06	33576289	CAPITAL TAXI LINE EDMONTON ,AB			12.00
06 SEP 06	33318006	SOFITEL ST. JAMES LONDON. ,GB UNITED KINGDOM	GBP	65.00	139.71
06 SEP 06	33381992	HILTON HOTEL HILTON UNITED KINGDOM	GBP	938.65	2,004.69
06 SEP 06	33428281	YELLOW CAB EDMONTON ,AB			260.00
07 SEP 06	33465536	HOTEL PLAZA ODENSE AS ODENSE C ,DN DENMARK	DKK	420.00	81.65
07 SEP 06	33585486	SAS HOTELS KOEBENHAVN S ,DN DENMARK	DKK	934.00	181.48
08 SEP 06	33506223	TAXA 4X35 VANLOESE ,DN DENMARK	DKK	126.37	24.57
08 SEP 06	33506224	TAXA 4X35 VANLOESE ,DN DENMARK	DKK	173.36	33.70
08 SEP 06	33607762	YELLOW CAB EDMONTON ,AB			13.00
09 SEP 06	33560572	RAVELINEN REST KOEBENHAVN K ,DN DENMARK	DKK	730.00	141.93
09 SEP 06	33560573	RESTAURANT LEONORE CHR KOEBENHAVN K ,DN DENMARK	DKK	725.00	140.95
10 SEP 06	33585487	SAS HOTELS KOEBENHAVN S ,DN DENMARK	DKK	1,897.00	368.60
13 SEP 06	34352159	YELLOW CAB EDMONTON ,AB			14.00

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Nov 03/06**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Oct/06 Charges- A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2 Expenses
☐ Yes describe ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☒ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62410001***	***$287.00***		***$287.00***
201	***9000***	***71115000006***	***62412000***	***$497.90***		***$497.90***
201	***9000***	***71115000006***	***62414000***	***$3,201.30***		***$3,201.30***
201	***9000***	***71115000006***	***69600000***	***$875.02***		***$875.02***

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$4,861.22***		***$4,861.22***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Nov 24/06
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date Nov 25/06
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S. Weatherill per SW	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date Nov 30/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International s.17(1), 17(4)(e.1) APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 03 NOV 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
4,660.24CR	5,905.66CR	5,406.52	5,159.38CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

See dinersclubcanada.com or the back of your Summary of Rewards page for more information on access to VIP airport lounges worldwide.

Club Rewards Points Balance 188,820

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 OCT 06		PREVIOUS BALANCE	4,660.24CR
03 NOV 06		PAYMENT RECEIVED - THANK YOU	503.78CR
03 NOV 06		PAYMENT RECEIVED - THANK YOU	5,401.88CR
		s.17(1), 17(4)(e.1)	10,565.90
		ALLAUDIN MERALI	
23 SEP 06	34808482	YELLOW CAB EDMONTON ,AB return from airport	50.00 ✓
24 SEP 06	35384643	YELLOW CAB EDMONTON ,AB Mtg - Downtown travel	20.00 ✓
29 SEP 06	35384632	YELLOW CAB EDMONTON ,AB airport	50.00 ✓
04 OCT 06	34834894	HMSHOST-BOS-AIR #03 USD 7.10 (Expert Panel Mtg) EAST BOSTON ,MA UNITED STATES	8.17 ✓
04 OCT 06	34869611	MARRIOTT 33789 NY MARQ USD 2,535.73 (Expert Panel Mtg) NEW YORK ,NY UNITED STATES	~~2,919.58~~ 2,374.28 ✓ $545.30 Panel
04 OCT 06	35652042	YELLOW CAB EDMONTON ,AB return from airport	55.00 ✓
10 OCT 06	35211671	THE HIGH RUN CLUB EDMONTON ,AB Dinner mtg (SR, BH)	45.00 ✓
10 OCT 06	35859814	YELLOW CAB EDMONTON ,AB return	20.00 ✓
14 OCT 06	35285673	AIR CANADA - ,MB Ticket no. : 014 5930986470 RSNA - Chicago	818.85 ✓
17 OCT 06	35520991	HOTEL MCDONALD F/B EDMONTON ,AB (Mtg + return)	25.00 ✓
17 OCT 06	36166019	YELLOW CAB EDMONTON ,AB	20.00 ✓
19 OCT 06	35539488	AIR CANADA - ,MB Ticket no. : 014 5931077791 Calgary - Oct 24/06	309.90 ✓
19 OCT 06	35648035	HOTEL MCDONALD F/B EDMONTON ,AB (Western CFO mtg)	48.00 ✓
19 OCT 06	35750679	HY'S STEAK LOFT EDMONTON ,AB	420.00 ✓
19 OCT 06	36011863	YELLOW CAB EDMONTON ,AB - return from mtg	27.00 ✓
20 OCT 06	35694538	HOTEL MCDONALD F/B EDMONTON ,AB lunch - Western CFO group	175.00 ✓
20 OCT 06	36166020	YELLOW CAB EDMONTON ,AB - return from mtg	20.00 ✓
24 OCT 06	35822702	CHECKER CABS CALGARY ,AB from Airport to mtg	38.00 ✓

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4524.20

Diners Club International

APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 03 NOV 06 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description	Amount
24 OCT 06	35903767	AIR CANADA - ,MB Ticket no. : 014 5931077925 } ticket charges Calgary	50.00 ✓
24 OCT 06	35903769	AIR CANADA - ,MB Ticket no. : 014 5931077926	50.00 ✓
27 OCT 06	36006268	LIMOJET CORP.SEDAN & L CALGARY ,AB – to airport - Calgary	50.00 ✓
30 OCT 06	36167918	NORMANDS RESTAURANT EDMONTON ,AB Dinner mtg (mw)	187.02 ✓
		BALANCE DUE	5,159.38CR
		Expenses in: Canada: 2,478.77 Foreign: 2,927.75	

337.02

Summary

Credit (10,565.90)

business 4,861.22

personal 545.30

5,159.38

APPLICANT COPY

Tees, Kelley

- 27 NOV 06

From: Corrigan, Trudy
Sent: Monday, November 27, 2006 8:02 AM
To: Afacan, Vicky; Tees, Kelley
Cc: Merali, Allaudin
Subject: Diners Club

Accr s.17(1), 17(4)(e.1)

Vicky/Kelley

Please pay $4,861.22 to Diner Club for Allaudin's October/06 statement.

Back up is in Sheila's office for signature and will be forwarded asap.

Thnx
Trudy

Executive Secretary to
Executive Vice President and
Chief Financial Officer
Capital Health
1J2 WMC, 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556

201 9000
7111 5000006
6244000

1/2 Diners Club s.17(1), 17(4)(e.1)

- 27 NOV 06

Invt#:
Amt: 4861.22

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Dec. 4/06**	Invoice Number **204480115** - 04dec06	PO #
Vendor Name **Diners Club** Enroute		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Nov./Dec./06 Charges - A. Merali**

Capital Health RECEIVED JAN 15 2007 ACCOUNTING

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☐ Yes describe ☒ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62412000***	***$93.00***		***$93.00***
201	***9000***	***71115000006***	***62414000***	***$1,508.66***		***$1,508.66***
201	***9000***	***71115000006***	***69600000***	***$268.58***		***$268.58***
Currency *(select one)*						
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$1,870.24***		***$1,870.24***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Jan 3/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date Jan 3/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level # 2	Date Jan 4/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

For statement enquiries, please call our toll-free customer service line at 1-800-363-3333

APPLICANT COPY

Date	Reference No.	Description			Amount
03 NOV 06		PREVIOUS BALANCE			5,159.38CR
01 DEC 06		PAYMENT RECEIVED - THANK YOU			4,861.22CR
01 DEC 06		PAYMENT RECEIVED - THANK YOU			545.30CR
		s.17(1), 17(4)(e.1)			
		ALLAUDIN MERALI			
07 NOV 06	36605788	NORMANDS RESTAURANT EDMONTON ,AB (DH(Conf)+GK)			198.58
09 NOV 06	36753671	HOTEL MCDONALD F/B EDMONTON ,AB (PH- hundmtg)			70.00
		s.17(1), 17(4)(g)(i)			1,900.00 Personal
18 NOV 06	37115076	AIR CANADA - ,MB Ticket no. : 014 5931077926			93.00
18 NOV 06	37115078	AIR CANADA - ,MB Ticket no. : 014 5931077940			40.20
28 NOV 06	37597593	CAREY INTL INC/LIMOS 8003364646 ,DC UNITED STATES	USD	154.89	178.84
28 NOV 06	37612693	MCCORMICK PLC 10275402 CHICAGO ,IL UNITED STATES	USD	6.75	7.79
		s.17(1), 17(4)(g)(i)			130.00 Personal
30 NOV 06	37710147	THE FAIRMONT HOTEL CHI CHICAGO ,IL UNITED STATES	USD	943.40	1,100.67
01 DEC 06	37772306	CAREY INTL INC/LIMOS 8003364646 ,DC UNITED STATES	USD	154.89	181.16
		s.17(1), 17(4)(g)(i)			159.00 Personal
		BALANCE DUE			6,506.66CR
		Expenses in: Canada: 2,590.78	Foreign: 1,468.46		

Ticket change - Calgary - Oct 24/06

Ticket Change - RSNA Chicago

pick-up airport group RSNA Chicago

RSNA → (no receipt)

RSNA Convention

pick up + to airport RSNA group

booking fee

4059.24
Personal 2189.00
1,870.00 ← office

Personal - $2,189.00

Diners Club International s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 04 DEC 06 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
5,159.38CR	5,406.52CR	4,059.24	6,506.66CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

WE AT DINERS CLUB WOULD LIKE TO WISH YOU A SAFE AND HAPPY HOLIDAY SEASON. PLEASE ALSO ACCEPT OUR BEST WISHES FOR A HEALTHY AND PROSPEROUS NEW YEAR.

Club Rewards Points Balance: 192,879

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description			Amount
03 NOV 06		PREVIOUS BALANCE			5,159.38CR
01 DEC 06		PAYMENT RECEIVED - THANK YOU			4,861.22CR
01 DEC 06		PAYMENT RECEIVED - THANK YOU			545.30CR
		s.17(1), 17(4)(e.1)			
		ALLAUDIN MERALI			
07 NOV 06	36605788	NORMANDS RESTAURANT EDMONTON ,AB (DH(Cons)+GK)			198.58
09 NOV 06	36753671	HOTEL MCDONALD F/B EDMONTON ,AB (PH- lunch mtg) s.17(1), 17(4)(g)(i)			70.00
					1,900.00 Personal
18 NOV 06	37115076	AIR CANADA - ,MB — Ticket change - Calgary - Oct 24/06 Ticket no. : 014 5931077926			93.00
18 NOV 06	37115078	AIR CANADA - ,MB — Ticket Change RSNA Chicago Ticket no. : 014 5931077940			40.20
28 NOV 06	37597593	CAREY INTL INC/LIMOS 8003364646 ,DC UNITED STATES	USD	154.89 pick-up airport group RSNA-Chicago	178.84
28 NOV 06	37612693	MCCORMICK PLC 10275402 CHICAGO ,IL UNITED STATES	USD	6.75 RSNA → (no receipt)	7.79 No
		s.17(1), 17(4)(g)(i)			130.00 Personal
30 NOV 06	37710147	THE FAIRMONT HOTEL CHI CHICAGO ,IL UNITED STATES	USD	943.40 RSNA Convention	1,100.67
01 DEC 06	37772306	CAREY INTL INC/LIMOS 8003364646 ,DC UNITED STATES	USD	154.89 - pick up + to airport RSNA group	181.16 booking but no receipt
		s.17(1), 17(4)(g)(i)			159.00 Personal
		BALANCE DUE			6,506.66CR
		Expenses in: Canada: 2,590.78	Foreign: 1,468.46		

4059.24
Personal 2189.00
1,870.00 ← Office

Personal - $2,189.00

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Jan 3/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **/Dec./06 Charges - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☐ Yes describe ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62410001	$21.00		$21.00
201	9000	71115000006	62412000	$334.90		$334.90
201	9000	71115000006	62414000	$479.38		$479.38
201	9000	71115000006	69600000	$801.02		$801.02
201	9000	71115000006	69500000	$1,794.00		$1,794.00
Currency *(select one)*						
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	$3,430.30		$3,430.30

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Jan 26/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level ~~#3~~	Date
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S Weatherill for SW	Phone # **407-8008**
Title: **President**	Signing Authority Level # 1 SW	Date Feb 6/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

APPLICANT COPY

s.17(1), 17(4)(e.1)

Date	Reference No.	Description	Amount
04 DEC 06		PREVIOUS BALANCE	6,506.66CR
		ALLAUDIN MERALI	
24 OCT 06	38170614	YELLOW CAB EDMONTON ,AB – Cab trip to Calgary	50.00
07 DEC 06	38057774	AIR CANADA - ,MB – Ticket change RSVA - Chicago Ticket no. : 014 5931246244	419.38 ✓
07 DEC 06	38092466	EARL'S CAMPUS EDMONTON ,AB	8.00 ✓
07 DEC 06	38092468	EARL'S CAMPUS EDMONTON ,AB CH GA Strategy	105.00 ✓
10 DEC 06	38436585	YELLOW CAB EDMONTON ,AB – Airport – home – RSVA	60.00 ✓
14 DEC 06	38779812	YELLOW CAB EDMONTON ,AB	21.00 ✓
16 DEC 06	38522482	AIR CANADA - ,MB Calgary – Jan 11/07 Ticket no. : 014 5931370357	284.90 ✓
18 DEC 06	38693624	HOTEL MCDONALD F/B EDMONTON ,AB Susan Board Retirement – Session with Board members	81.00 ✓
19 DEC 06	38727473	WEBER MOTORS EDMONTON ,AB	1,794.00 ✓
20 DEC 06	38808685	HOTEL MCDONALD F/B EDMONTON ,AB Pre meeting - AHW / U of Waterloo	27.00 ✓
20 DEC 06	38874446	HARDWARE GRILL EDMONTON ,AB meeting – " –	450.02 ✓
28 DEC 06	39092544	LOUISIANA PURCHASE EDMONTON ,AB Meeting with CH / Infrastructure	75.00 ✓
30 DEC 06	39083238	EARL'S CAMPUS EDMONTON ,AB Late working / meeting	55.00 ✓
		BALANCE DUE Expenses in: Canada: 3,430.30	3,076.36CR

CH $3,430.30

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 03 JAN 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
6,506.66CR	0.00	3,430.30	3,076.36CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

PLEASE SEE THE ENCLOSED INSERT OR DINERSCLUBCANADA.COM FOR FULL DETAILS ON A WIDE RANGE OF FINANCIAL REWARDS AVAILABLE THROUGH CLUB REWARDS.

Club Rewards Points Balance: 196,809

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
04 DEC 06		PREVIOUS BALANCE s.17(1), 17(4)(e.1)	6,506.66CR
		ALLAUDIN MERALI	
24 OCT 06	38170614	YELLOW CAB EDMONTON ,AB – Cab trip to Calgary	50.00
07 DEC 06	38057774	AIR CANADA - ,MB – ticket charge RSNA - Chicago Ticket no. : 014 5931246244	419.38 ✓
07 DEC 06	38092466	EARL'S CAMPUS EDMONTON ,AB	8.00 ✓
07 DEC 06	38092468	EARL'S CAMPUS EDMONTON ,AB CH GA Strategy	105.00 ✓
10 DEC 06	38436585	YELLOW CAB EDMONTON ,AB – Airport - home - RSNA	60.00 ✓
14 DEC 06	38779812	YELLOW CAB EDMONTON ,AB	21.00 ✓
16 DEC 06	38522482	AIR CANADA - ,MB Calgary - Jan 11/07 Ticket no. : 014 5931370357	284.90 ✓
18 DEC 06	38693624	HOTEL MCDONALD F/B EDMONTON ,AB Susan Paul Retirement - Session with Board members	81.00 ✓
19 DEC 06	38727473	WEBER MOTORS EDMONTON ,AB	1,794.00 ✓
20 DEC 06	38808685	HOTEL MCDONALD F/B EDMONTON ,AB Pre meeting - AFW / U of Water Loo	27.00 ✓
20 DEC 06	38874446	HARDWARE GRILL EDMONTON ,AB meeting - " -	450.02 ✓
28 DEC 06	39092544	LOUISIANA PURCHASE EDMONTON ,AB Meeting with CH / Infrastructure	75.00 ✓
30 DEC 06	39083238	EARL'S CAMPUS EDMONTON ,AB Late working / meeting	55.00 ✓
		BALANCE DUE	3,076.36CR
		Expenses in: Canada: 3,430.30	

CH $3,430.30

Capital Health

APPLICANT COPY

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Feb 2/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Jan/07 Charges - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☐ Yes describe ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62410001	$187.00	W	$187.00
201	9000	71115000006	62412000	$925.40		$925.40
201	9000	71115000006	62414000	$5,099.18		$5,099.18
201	9000	71115000006	69600000	$441.30		$441.30
201	9000	71115000006	66020000	$699.03		$699.03
Currency *(select one)*						
☒ Canadian ☐ U.S. ☐ Other			**TOTAL**	$7,351.91		$7,351.91

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* J. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Feb 13/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date Feb 15/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date Feb. 21/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 02 FEB 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
3,076.36CR	4,059.24CR	7,351.91	216.31	40,000.00	50.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 50.00 reaches us by 23 FEB 07.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

CLUB REWARDS HAS BEEN VOTED BEST CARD PROGRAM BY FREQUENT TRAVELLERS FOR 9 CONSECUTIVE YEARS. YOU CAN VOTE AT FREDDIEAWARDS.COM FROM FEB.1-28, 2007.

Club Rewards Points Balance 204,161

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Date	Reference No.	Description	Amount
03 JAN 07		PREVIOUS BALANCE	3,076.36CR
09 JAN 07		PAYMENT RECEIVED - THANK YOU	1,870.24CR
10 JAN 07		PAYMENT RECEIVED - THANK YOU	2,189.00CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
18 DEC 06	39161963	YELLOW CAB EDMONTON ,AB - Return - mtg	20.00
04 JAN 07	39282295	RUTH'S CHRIS STEAK HOU EDMONTON ,AB - mtg (AHaw)	247.30
07 JAN 07	39363721	EARL'S CAMPUS EDMONTON ,AB	73.00
09 JAN 07	39450848	EARL'S CAMPUS EDMONTON ,AB	21.00
09 JAN 07	39519800	HOTEL MCDONALD F/B EDMONTON ,AB (mtg D.S.)	30.00
11 JAN 07	39597763	LIMOJET CORP.SEDAN & L CALGARY ,AB - Airport to Calgary Health	70.00
11 JAN 07	39647921	SECOND CUP SOUTHLAND C CALGARY ,AB	3.60
11 JAN 07	39641287	CAESARS STEAK HOUSE SO CALGARY ,AB - Mtg w/ the Calgary Region	230.00
13 JAN 07	39740059	CHARACTERS RESTAURANT EDMONTON ,AB Mtg w/ Lindsay with Golf Lights	70.00

MCC 131153

Diners Club International

APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 02 FEB 07 Page 2

s.17(1), 17(4)(e.1)

Date	Reference No.	Description			Amount
15 JAN 07	39784284	BRASSAII-KING ST.W.TOR TORONTO ,ON			63.00
16 JAN 07	39835530	FAIRMONT ROYAL YORK TORONTO ,ON			217.00
16 JAN 07	39871270	UNITED AIRLINES TORONTO ,ON Traveller : MERALI/ALLAUDIN MR Ticket no. : 016 5931539450 Date : 04 FEB 07 to : 04 FEB 07 Routing/class: YEG/DEN/MSN/DEN/YEG V V V V Carrier : UA/UA/UA/UA			519.12
17 JAN 07	39814337	AIR CANADA - ,MB Ticket no. : 014 5931370454			40.00
17 JAN 07	39844258	TAXI & LIMO PAYMENT MISSISSAUGA			75.00
17 JAN 07	39844260	TAXI & LIMO PAYMENT MISSISSAUGA			65.00
17 JAN 07	39889430	YELLOW CAB EDMONTON ,AB			115.00
19 JAN 07	40320319	YELLOW CAB EDMONTON ,AB			26.00
20 JAN 07	39934071	AIR CANADA - ,MB Ticket no. : 014 5931539496			236.90
21 JAN 07	40043574	LIMOJET CORP.SEDAN & L CALGARY ,AB			70.00
22 JAN 07	40042574	AIR CANADA - ,MB Ticket no. : 014 5931623031			314.90
23 JAN 07	40132241	HMS HOST - SFO AIRPQ63 SAN FRANCISCO ,CA UNITED STATES	USD	8.63	10.41
23 JAN 07	40320320	YELLOW CAB EDMONTON ,AB			26.00
24 JAN 07	40145000	INST CHART ACCTS MILTON KEYNES ,GB UNITED KINGDOM	GBP	294.70	699.03
24 JAN 07	40168512	SOFITEL HOTELS REDWOOD REDWOOD CITY ,CA UNITED STATES	USD	680.50	821.55
24 JAN 07	40260634	NORTHWEST AIRLINES ST PAUL ,MB Ticket no. : 012 5931623082			3,288.10
		BALANCE DUE Expenses in: Canada: 5,820.92 Foreign: 1,530.99			216.31

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are invoice date, invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Mar 2/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Feb/07 Charges - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62410001	$420.00		$420.00
201	9000	71115000006	62412000	$225.50		$225.50
201	9000	71115000006	62414000	$9,620.05		~~$9,620.05~~ 2,357.15
201	9000	71115000006	69600000	$1,749.67		$1,749.67
201	9000	71115000006	61030000	$3,800.00		$3,800.00
201	9000	71115000006	63010000	99.00		99.00
201	9000	71115000006	~~63010~~ 62410001	7262.90		7,262.90
Currency *(select one)*			**TOTAL**	$15,914.22		$15,914.22
☒ Canadian ☐ U.S. ☐ Other						

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 13/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date March 20/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 02 MAR 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
216.31	10,782.21CR	16,263.12	5,697.22	40,000.00	285.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 285.00 reaches us by 23 MAR 07.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

SPECIAL CARDMEMBER OFFERS FROM DELTA AND THE NATIONAL POST ARE FOUND ON THE BACK OF YOUR SUMMARY OF REWARDS PAGE.

Club Rewards Points Balance 220,825

For statement enquiries, please call our toll-free Customer Service line at **1-800-363-3333**

Date	Reference No.	Description			Amount
02 FEB 07		PREVIOUS BALANCE			216.31
13 FEB 07		PAYMENT RECEIVED - THANK YOU			3,430.30CR
27 FEB 07		PAYMENT RECEIVED - THANK YOU			7,351.91CR
		s.17(1), 17(4)(e.1)			
		ALLAUDIN MERALI			
29 JAN 07	41882765	AIR CANADA - ,MB Ticket no. : 014 5931623149			80.00
01 FEB 07	40672867	PALLISER HOTEL F & B CALGARY ,AB			17.00
02 FEB 07	40665815	LIMOJET CORP.SEDAN & L CALGARY ,AB Aujeat - Calgary			50.00
02 FEB 07	40736945	AIR CANADA - ,MB – Siemens mtg - Germany Ticket no. : 014 5931712071			7,262.90
03 FEB 07	40861996	YELLOW CAB EDMONTON ,AB Aujeat x 2 (Edmonton) return			120.00
04 FEB 07	40721739	RESTAURANT MAGNUS MADISON ,WI UNITED STATES	USD	180.00	217.82
06 FEB 07	40826573	SARA LEE SANDWICH SQ81 DENVER ,CO UNITED STATES	USD	2.78	3.37

Epic Mtg.

MCC 131153

Diners Club International s.17(1), 17(4)(e.1) APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 02 MAR 07 Page 2

Date	Reference No.	Description			Amount
06 FEB 07	40861569	UNITED MADISON ,WI UNITED STATES Net : 76.53 GST/HST : 5.68 Traveller : MERALI/ALLAUDIN Ticket no. : 016 4068544067 Date : 06 FEB 07 Routing/class: XAA/XAA Y Carrier : UA	USD	68.00	82.21
07 FEB 07	40826041	HILTON HOTELS-MONONA T MADISON ,WI UNITED STATES	USD	524.19	633.75
07 FEB 07	40965044	LIMOJET CORP.SEDAN & L CALGARY ,AB			50.00
07 FEB 07	41100144	YELLOW CAB EDMONTON ,AB			60.00
08 FEB 07	41100147	YELLOW CAB EDMONTON ,AB			120.00
08 FEB 07	41100148	YELLOW CAB EDMONTON ,AB			120.00
11 FEB 07	41100044	CHATEAU LAKE LOUISE LAKE LOUISE ,AB			95.50
11 FEB 07	41100045	CHATEAU LAKE LOUISE LAKE LOUISE ,AB			13.00
12 FEB 07	41097861	SORRENTINO'S DOWNTOWN EDMONTON ,AB			1,399.00
13 FEB 07	41215823	NORMANDS RESTAURANT EDMONTON ,AB			150.67
13 FEB 07	41232543	HOTEL MCDONALD F/B EDMONTON ,AB			55.00
14 FEB 07	41274878	BASE CONSULTING & MGMT NORTH YORK ,ON			3,800.00
14 FEB 07	41291460	HOTEL MCDONALD F/B EDMONTON ,AB			145.00
		s.17(1), 17(4)(g)(i)			348.90
21 FEB 07	41663994	AIR CANADA - ,MB Ticket no. : 014 5975251623			348.90
27 FEB 07	41900879	MARRIOTT 33716 MW ORL NEW ORLEANS ,LA UNITED STATES	USD	9.50	11.37
28 FEB 07	41900882	MARRIOTT 33716 NEW ORL NEW ORLEANS ,LA UNITED STATES	USD	818.24	979.73
02 MAR 07		ANNUAL FEE			99.00
		BALANCE DUE Expenses in: Canada: 14,334.87 Foreign: 1,928.25			5,697.22

Net : 76.53 GST/HST : 5.68

16,263.12
Resend (348.90)
15,914.22

Office is not Vendor (for Germany Travel) will need to get from Vendor 7262.90
8,651.32
15,914.22

Screening V.S.I

KMT 02-JAN-2007-001

APPLICANT COPY

Tees, Kelley

From: Afacan, Vicky
Sent: Tuesday, March 13, 2007 2:36 PM
To: Tees, Kelley
Subject: FW: Diners

Kelley
Can you please process and let me know when it is complete.
Thanks

-----Original Message-----
From: Merali, Allaudin
Sent: Tuesday, March 13, 2007 2:04 PM
To: Afacan, Vicky
Subject: Diners

Can you please pay $15,914.22 - paperwork in for signing. Thanks.

Allaudin Merali
Executive Vice President &
Chief Financial Officer
Capital Health
1J2 WMC., 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556
allaudin.merali@capitalhealth.ca

- 02MAR07

s.17(1), 17(4)(e.1)

201 9000 7111 5000006

~~6 2 4 1 1 8 0 0~~ 69500000

EX6F001

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Apr 3/07**	Invoice Number **204480115** –03APR07	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Mar/07 Charges - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number EX6F 0001

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe 6f ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☒ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$648.68***		***$648.68***
201	***9000***	***71115000006***	***69600000***	***$846.32***		***$846.32***

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$1,495.00***		***$1,495.00***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date April 13/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* Allaudin Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date April 13/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* Sheila Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date April 16/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 APR 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
5,697.22	16,263.12CR	1,495.00	9,070.90CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

FOR DETAILS ON A SPECIAL OFFER OF 50% MORE BRITISH AIRWAYS MILES - AND THE NAMES OF OUR CONTEST WINNERS - SEE THE BACK OF YOUR SUMMARY OF REWARDS PAGE.

Club Rewards Points Balance: 222,320

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description			Amount
		Days in this Billing Period: 32			
02 MAR 07		PREVIOUS BALANCE			
19 MAR 07		PAYMENT RECEIVED - THANK YOU			5,697.22
26 MAR 07		PAYMENT RECEIVED - THANK YOU			15,914.22CR
		s.17(1), 17(4)(e.1)			348.90CR
		ALLAUDIN MERALI			
12 MAR 07	42337593	CHS @ MADISON 00996033 MADISON ,WI UNITED STATES	USD	5.64	6.78 ✓
19 MAR 07	42709185	AIR CANADA - ,MB Ticket no. : 014 5975251621	ticket change Singapore trip		200.00 ✓
05 MAR 07	41953700	NORMANDS RESTAURANT EDMONTON ,AB	Dinner mtg Feb 20		166.12 ✓
09 MAR 07	42295924	RUTH'S CHRIS STEAK HOU EDMONTON ,AB	Dinner mtg		275.00 ✓
26 MAR 07	43110377	NORMANDS RESTAURANT EDMONTON	Dinner mtg (March 22)		255.20 ✓
27 MAR 07	43178488	AIR CANADA - ,MB Ticket no. : 014 5975502233	Western CFO Mtg - Victoria		441.90 ✓

MCC 131153

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Diners Club International s.17(1), 17(4)(e.1)

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Posting Date	Reference No.	Description	Amount
03 APR 07	43557189	KHAZANA RESTAURANT EDMONTON ,AB (Dinner AKA-April)	150.00 ✓
		BALANCE DUE	9,070.90CR
		Expenses in: Canada: 1,488.22 Foreign: 6.78	

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **May 3/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services.
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Apr /07 Charges - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)	CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section **A**, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$8,405.04***		***$8,405.04***
201	***9000***	***71115000006***	***62410001***	***$13.00***		***$13.00***
201	***9000***	***71115000006***	***62412000***	***$1,530.02***		***$1,530.02***
201	***9000***	***71115000006***	***69600000***	***$379.26***		***$379.26***

Currency *(select one)*

☒ Canadian ☐ U.S. ☐ Other			**TOTAL**	***$103.27***		***$10,327.32***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corriga	Phone # **407-3652**
Title: **Executive Secretary**		Date May 14/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level ~~#3~~	Date
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date May 22/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

International s.17(1), 17(4)(e.1)

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 MAY 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
9,070.90CR	1,495.00CR	14,967.92	4,402.02	40,000.00	220.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 220.00 reaches us by 25 MAY 07.

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

[redacted]

Club Rewards Points Balance 237,288

APPLICANT COPY

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 30	
03 APR 07		PREVIOUS BALANCE	9,070.90CR
27 APR 07		PAYMENT RECEIVED - THANK YOU s.17(1), 17(4)(e.1)	1,495.00CR
		ALLAUDIN MERALI	
09 APR 07	43764583	NEW ASIAN VILLAGE/SONI EDMONTON ,AB (April 5/07)	100.00
09 APR 07	43799618	EARL'S CAMPUS EDMONTON ,AB (April 6/07)	31.00
13 APR 07	43991619	HOTEL MCDONALD F/B EDMONTON ,AB (lunch mtg April 11/07)	42.00
17 APR 07	44112451	HOTEL MCDONALD F/B EDMONTON ,AB	85.26
17 APR 07	44210515	PENINSULA CO-OP SAANICHTON ,BC - P&P car (gas)	17.61
19 APR 07	44307572	AIR CANADA - ,MB mtg - Pollution Health Regs Ticket no. : 014 5975605453	378.90
19 APR 07	44308483	BUDGET CAR & TRUCK REN VICTORIA ,BC (car Rental P&P Conf-Victoria) to : 07 APR 17 Location : VICTORIA Return Loc. : VICTORIA	228.52

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MCC 131153

Posting Date	Reference No.	Description	Amount
19 APR 07	44329898	YELLOW CAB EDMONTON ,AB	120.00
20 APR 07	44396515	BRENTWOOD BAY LODGE & BRENTWOOD BAY ,BC	344.04
23 APR 07	44415943	IL PORTICO RESTAURANT EDMONTON ,AB (lunch mtg Apr 18)	53.00
24 APR 07	44541512	EARL'S CAMPUS EDMONTON ,AB (lunch	68.00
26 APR 07	44680699	AIR CANADA - ,MB — See Return flight San Francisco HP Expert Canada Ticket no. : 014 5975681657	323.57
26 APR 07	44679537	MONTANAS(MED.HAT)#3040 MEDICINE HAT ,AB } Mtg - Pallisa Health	25.00
27 APR 07	44723151	MEDICINE HAT LODGE MEDICINE HAT ,AB }	129.22
27 APR 07	44760494	YELLOW CAB EDMONTON ,AB (to+from Airport - April 24/25/07	120.00
30 APR 07	44806546	AIR CANADA - ,MB — Calgary - EHR-Portal mtg Ticket no. : 014 5975681696	566.90
03 MAY 07	45083486	YELLOW CAB EDMONTON ,AB	13.00
01 MAY 07	44887601	DELTA CALGARY AIRPORT CALGARY ,AB Diners Clt & CHR	190.00

1,962.00 Personal

s.17(1), 17(4)(g)(i)

2,474.90 Personal

s.17(1), 17(4)(g)(i)

03 MAY 07	45045375	EMIRATES VANCOUVER ,BC Traveller : MERALI/ALLAUDIN MR Ticket no. : 176 5975741675 5 Date : 21 JUN 07 to : 21 JUN 07 Routing/class: YEG/LHR/DXB/NBO/DXB Carrier : AC/EK/EK/EK	AGA Khan University trip	6,865.30
03 MAY 07	45045381	EMIRATES VANCOUVER ,BC Traveller : MERALI/ALLAUDIN MR Ticket no. : 176 5975741677 7 Date : 23 JUN 07 to : 23 JUN 07 Routing/class: DXB/KHI/DXB Carrier : EK/EK		629.70

BALANCE DUE 4,402.02

Expenses in: Canada: 14,967.92

= 10,327.32
+ 4,640.60 Personal
= 14,967.92

APPLICANT COPY

Tees, Kelley

From: Afacan, Vicky
Sent: Sunday, May 20, 2007 12:44 PM
To: Tees, Kelley
Subject: Fw: Diners

Kelley
Can you please pay and let me know when it is done.
Thanks
Vicky

s.17(1), 17(4)(e.1)

Sent from my BlackBerry Wireless Handheld

----- Original Message -----
From: Merali, Allaudin
To: Afacan, Vicky
Sent: Sun May 20 12:33:05 2007
Subject: Diners

Can you please pay Diners $10,327.32. Paperwork in for signing. Thanks. Allaudin.

Allaudin Merali, CA•IT

Executive Vice President & Chief Financial Officer

Finance and Administration

Capital Health

1J2 WMC, 8440 112 Street

Edmonton, AB T6G 2B7

tel: (780) 407-3652

fax: (780) 407-7556

email: Allaudin.Merali@capitalhealth.ca

executive secretary: Trudy Corrigan (780) 407-3652

www.capitalhealth.ca

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and/or privileged information. Please contact us immediately if you are not the intended recipient of this communication and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply should be deleted or destroyed.

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are invoice date, invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **June 4/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **May /07 Charges - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62414000	$2,336.20		$2,336.20
201	9000	71115000006	62410001	$337.00		$337.00
201	9000	71115000006	69500000	$13.00		$13.00
201	9000	71115000006	69600000	$441.57		$441.57
201	9000	71115000006	61030000	$1,020.04		$1,020.04
Currency *(select one)*						
☒ Canadian ☐ U.S. ☐ Other			TOTAL	$4,147.81		$4,147.81

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date June 21/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date June 21/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International

s.17(1), 17(4)(e.1)

APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 04 JUN 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
4,402.02	14,967.92CR	4,528.26	6,037.64CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

HAVE YOU RECEIVED YOUR SPRING/SUMMER 2007 CLUB REWARDS CATALOGUE? YOU CAN ALSO CHECK IT OUT AND REDEEM ONLINE AT CLUBREWARDS.DINERSCLUBCANADA.COM.

Club Rewards Points Balance 241,816

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 32	
03 MAY 07		PREVIOUS BALANCE	4,402.02
28 MAY 07		PAYMENT RECEIVED - THANK YOU	4,640.60CR
28 MAY 07		PAYMENT RECEIVED - THANK YOU	10,327.32CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
04 MAY 07	45140970	YELLOW CAB EDMONTON ,AB	19.00 ✓
04 MAY 07	45140973	YELLOW CAB EDMONTON ,AB	120.00 ✓
04 MAY 07	45144185	THE HIGH RUN CLUB EDMONTON ,AB Dinner mtg	45.00 ✓
08 MAY 07	45239805	MCBAIN CAMERA LTD EDMONTON ,AB ~~Passport~~ Visa photo	34.45 ✓ (Q145 personal)
08 MAY 07	45297817	TAXI & LIMO PAYMENT MISSISSAUGA ,ON Airport taxi	65.00 ✓
09 MAY 07	45382439	HARBOUR SIXTY STEAKHOU TORONTO ,ON mtg - Ontario Min of H.	420.00 ✓
09 MAY 07	45385947	VITTORIA TRATTORIA OTTAWA ,ON mtg - CIHI	210.00 ✓
10 MAY 07	45460001	FAIRMONT ROYAL YORK TORONTO ,ON Toronto - hotel	5.70 ✓
			919.15

MC 131153

Posting Date	Reference No.	Description	Amount
10 MAY 07	45460002	FAIRMONT ROYAL YORK TORONTO ,ON mtg Mof H.	259.00
11 MAY 07	45478679	CHATEAU LAURIER F/D OTTAWA ,ON CIHI	323.10
11 MAY 07	45495965	OTTAWA TAXI OTTAWA ,ON airport taxi	32.00
11 MAY 07	45521703	YELLOW CAB EDMONTON ,AB taxi - airport → home.	60.00
15 MAY 07	45716282	PESCATORE'S FISH HOUSE VICTORIA ,BC } Western CFO Mtg - Victoria	275.00
15 MAY 07	45716870	IRISH TIMES PUB VICTORIA ,BC }	68.00
31 MAY 07	46493784	EMPRESS TAXI VICTORIA ,BC }	57.00
15 MAY 07	45610630	VICTORIA MARRIOTT INNE VICTORIA ,BC }	302.40
17 MAY 07	45826084	YELLOW CAB EDMONTON ,AB - airport & return	120.00
18 MAY 07	45840240	EARL'S CAMPUS EDMONTON ,AB Meeting	85.00
22 MAY 07	45978583	HOUSE OF TRAVEL AND TO EDMONTON ,AB - ticket charges	230.00
29 MAY 07	46400793	YELLOW CAB EDMONTON ,AB	18.00
24 MAY 07	46164602	RSNA CONVENTION USD 920.00 Registration fee 800-424-5249 ,IL UNITED STATES	1,020.04
28 MAY 07	46242690	JACK'S GRILL EDMONTON ,AB Dinner Mtg.	311.57
31 MAY 07	46512838	TRAVEL.INSURANCE. COOR N.VANCOUVER ,BC	~~160.00~~
31 MAY 07	46512839	TRAVEL.INSURANCE. COOR N.VANCOUVER ,BC	~~138.00~~
31 MAY 07	46512840	TRAVEL.INSURANCE. COOR N.VANCOUVER ,BC	~~67.00~~
31 MAY 07	46515465	THEATRE PETIT CHAMPLAI QUEBEC ,QC } e-Health Conf Quebec City	7.00
31 MAY 07	46515466	THEATRE PETIT CHAMPLAI QUEBEC ,QC }	7.00
01 JUN 07	46563092	RESTAURANT GAMBRINUS I QUEBEC ,QC }	75.00

BALANCE DUE 6,037.64CR

Expenses in: Canada: 3,508.22 Foreign: 1,020.04

3,250.41

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

	Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments			
6(c)	Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
		• Level 3 and Level 4	$1,000,000
		• Level 4	$ 500,000
		• Level 5	$ 250,000
		• Level 6	$ 100,000
		• Level 7	$ 50,000
6(f)	Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
		• Level 4 with Level 3	$ 100,000
		• Level 4	$ 20,000
		• Level 5	$ 10,000
		• Level 6	$ 5,000
		• Level 7	$ 1,000
		No other payments without contracts or PO's will be allowed	

APPLICANT COPY

Tees, Kelley

From: Corrigan, Trudy
Sent: Thursday, June 21, 2007 2:56 PM
To: Afacan, Vicky
Cc: Tees, Kelley
Subject: Diners Club

Change to the dollar amount that is to be paid. Please pay $4,147.81. Requisition is with Sheila for sign off.

Thanks
Trudy

Executive Secretary to
Executive Vice President and Chief Financial Officer
Capital Health
1J2 WMC, 8440-112 Street
Edmonton, AB T6G 2B7
Phone: (780) 407-3652
Fax: (780) 407-7556
Note new email address: trudy.corrigan@capitalhealth.ca

Inv# : [redacted] - 21 JUN 07

s.17(1), 17(4)(e.1)

V. 69094
Diners Club

201 9000
7111 5000 0006
6241 2000

Instant
Please.

Thx.

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **July 3/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

CAPITAL HEALTH AUG 12 2007 EXECUTIVE VICE PRESIDENT & CFO

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Jun /07 Charges - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62414000	$1,164.07	1046.10 11797	$1,164.07
201	9000	71115000006	62412000	$1,109.80	388.23 721.57	$1,109.80
201	9000	71115000006	69500000	$8,530.00	29.62 55.68	$85.30
201	9000	71115000006	69600000	$818.48	723.86 94.62	$818.48

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	TOTAL	$3,177.65		$3,177.65

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date July 26/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* Allaudin Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date July 31/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International s.17(1), 17(4)(e.1)

APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 03 JUL 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
6,037.64CR	4,528.26CR	3,177.65	7,388.25CR	40,000.00	0.00

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

UNTIL AUG.31 2007, RECEIVE A 50% BONUS FROM BRITISH AIRWAYS WHEN YOU CONVERT YOUR CLUB REWARDS POINTS TO BA MILES. SEE BA.COM/DINERSCLUBCA FOR DETAILS.

Club Rewards Points Balance 244,994

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 29	
04 JUN 07		PREVIOUS BALANCE	6,037.64CR
26 JUN 07		PAYMENT RECEIVED - THANK YOU	380.45CR
29 JUN 07		PAYMENT RECEIVED - THANK YOU	4,147.81CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
05 JUN 07	46672986	LE CHATEAU FRONTENAC QUEBEC ,QC } Coach Conf 2 rooms City	794.38 ✓
05 JUN 07	46672987	LE CHATEAU FRONTENAC QUEBEC ,QC }	9.69 ✓
07 JUN 07	46812637	JACK'S GRILL EDMONTON ,AB Dinner Mtg (new)	270.21 ✓ X
11 JUN 07	46920464	YELLOW CAB EDMONTON ,AB (to May 30/07)	60.00 ✓
11 JUN 07	46960741	AIR CANADA - ,MB Calgary – June 19 – cancelled to be credited Ticket no. : 014 5975954910	329.90 ✓ +
12 JUN 07	47013631	CHARACTERS RESTAURANT EDMONTON (Cardiac Mtg)	426.60 ✓
14 JUN 07	47217759	AIR CANADA - ,MB Calgary mtg (June 18) Ticket no. : 014 5976032211	339.90 ✓ X
			1730.68

MCC 131183

Diners Club International

APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 03 JUL 07 Page 2

s.17(1), 17(4)(e.1)

Posting Date	Reference No.	Description	Amount
19 JUN 07	47464280	EARL'S CAMPUS EDMONTON ,AB	83.67
19 JUN 07	47486605	THE BAY #1125 - ,ON – laptop connector	29.62
20 JUN 07	47557848	BUON GIORNO RISTAURANT CALGARY ,AB – mtg Calgary	440.00
22 JUN 07	47622163	EARL'S CAMPUS EDMONTON ,AB lunch mtg	38.00
25 JUN 07	47714097	YELLOW CAB EDMONTON ,AB Airport x2 (Calgary - June 19)	120.00
25 JUN 07	47707137	DIXONS GBP 25.52 Blackberry charger receipt missing HOUNSLOW ,GB UNITED KINGDOM	55.68
26 JUN 07	47748723	ASSOCIATED CAB/ALLIED CALGARY ,AB } Airport returns June 19 mtg	60.00
26 JUN 07	47748725	ASSOCIATED CAB/ALLIED CALGARY ,AB	60.00
03 JUL 07	48062632	YELLOW CAB EDMONTON ,AB Airport trip - June 21	60.00
		BALANCE DUE	7,388.25CR
		Expenses in: Canada: 3,121.97 Foreign: 55.68	

94697

APPLICANT COPY

Fairmont
LE CHÂTEAU FRONTENAC
QUÉBEC

1RUE DES CARRIÈRES
QUÉBEC, QC, CANADA G1R 4P5
T 418 692 3861 F 418 692 1751
T.P.S. / G.S.T. Registration # 898339114RT0003
T.V.Q / Q.S.T. # 1087359618TQ0002

Chambre / Room : 07294
N° Folio : 133614
N° Cassier / Cashier : 146
N° Page : 1 of 2

ABC CORPORATE
Allaudin Merali

s.17(1), 17(4)(g)(i)

Arrivée / Arrival : 05-27-07
Départ / Departure : 05-30-07
Fairmont President's Club
3247476915

Date	Description	Supplémentaire/Additional Information		Frais/Charges	Credits
05-27-07	+++Bar St-Laurent	#7294 : CHECK #5748		32.00	
05-27-07	Chambre / Room			211.65	
05-27-07	T.P.S. Chambre / Room G.S.T.			12.70	
05-27-07	T.V.Q. Chambre / Room P.S.T.			16.83	
05-27-07	Taxe hébergement / Room Tax			2.00	
05-27-07	T.P.S. & T.V.Q. Taxe Hébergem			0.28	
05-28-07	Chambre / Room			211.65	
05-28-07	T.P.S. Chambre / Room G.S.T.			12.70	
05-28-07	T.V.Q. Chambre / Room P.S.T.			16.83	
05-28-07	Taxe hébergement / Room Tax			2.00	
05-28-07	T.P.S. & T.V.Q. Taxe Hébergem			0.28	
05-29-07	+++Bar St-Laurent	#7294 : CHECK #6595		32.00	
05-29-07	Chambre / Room			211.65	
05-29-07	T.P.S. Chambre / Room G.S.T.			12.70	
05-29-07	T.V.Q. Chambre / Room P.S.T.			16.83	
05-29-07	Taxe hébergement / Room Tax			2.00	
05-29-07	T.P.S. & T.V.Q. Taxe Hébergem			0.28	
05-30-07	Mastercard	XXXXXXXXXXXX3878	XX/XX		794.38

Signature du client
Guest Signature X _____

Pour informations et réservations visitez notre site web au **www.fairmont.com** ou téléphonez aux Hôtels Fairmont:
1 800 441 1414 à partir des États-Unis ou du Canada
For information or reservations, visit us at **www.fairmont.com** or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,56% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75$ par jour (du Lundi au Vendredi) et de 1,50$ le Samedi. (Dans les hôtels participants.)

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the inidicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a $.75 (Mon-Fri) and $1.50 (Sat.) credit to my account. (At participating hotels.)

Merci d'avoir choisi les Hôtels Fairmont
Thank you for choosing to stay with Fairmont Hotels & Resorts

APPLICANT COPY

Fairmont
LE CHÂTEAU FRONTENAC
QUÉBEC

1RUE DES CARRIÈRES
QUÉBEC, QC, CANADA G1R 4P5
T 418 692 3861 F 418 692 1751
T.P.S. / G.S.T. Registration # 898339114RT0003
T.V.Q / Q.S.T. # 1087359618TQ0002

Chambre / Room	:	07294
N° Folio	:	133614
N° Cassier / Cashier	:	146
N° Page	:	2 of 2

ABC CORPORATE

s.17(1), 17(4)(g)(i)

Arrivée / Arrival	:	05-27-07
Départ / Departure	:	05-30-07

Fairmont President's Club
3247476915

Date	Description	Supplémentaire/Additional Information	Frais/Charges	Credits
		Total	**794.38**	**794.38**
		Solde/Balance	**0.00**	

T.P.S. Sommaire / G.S.T. Summary	
Chambre/Room	**38.10**
Restauration/F&B	**3.00**
Autres/Other	**0.00**
Total	**41.1**

T.V.Q. Sommaire / P.S.T. Summary	
Chambre/Room	**51.33**
Restauration/F&B	**3.98**
Autres/Other	**0.00**
Total	**55.31**

Signature du client
Guest Signature **X** _____
Pour informations et réservations visitez notre site web au **www.fairmont.com** ou téléphonez aux Hôtels Fairmont: 1 800 441 1414 à partir des États-Unis ou du Canada
For information or reservations, visit us at **www.fairmont.com** or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

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J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75$ par jour (du Lundi au Vendredi) et de 1,50$ le Samedi. (Dans les hôtels participants.)

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a $.75 (Mon-Fri) and $1.50 (Sat.) credit to my account. (At participating hotels.)

Merci d'avoir choisi les Hôtels Fairmont
Thank you for choosing to stay with Fairmont Hotels & Resorts

JAN'S GRILL
5942 111 ST
EDMONTON, AB
T6H 3G1
(780) 434-2111

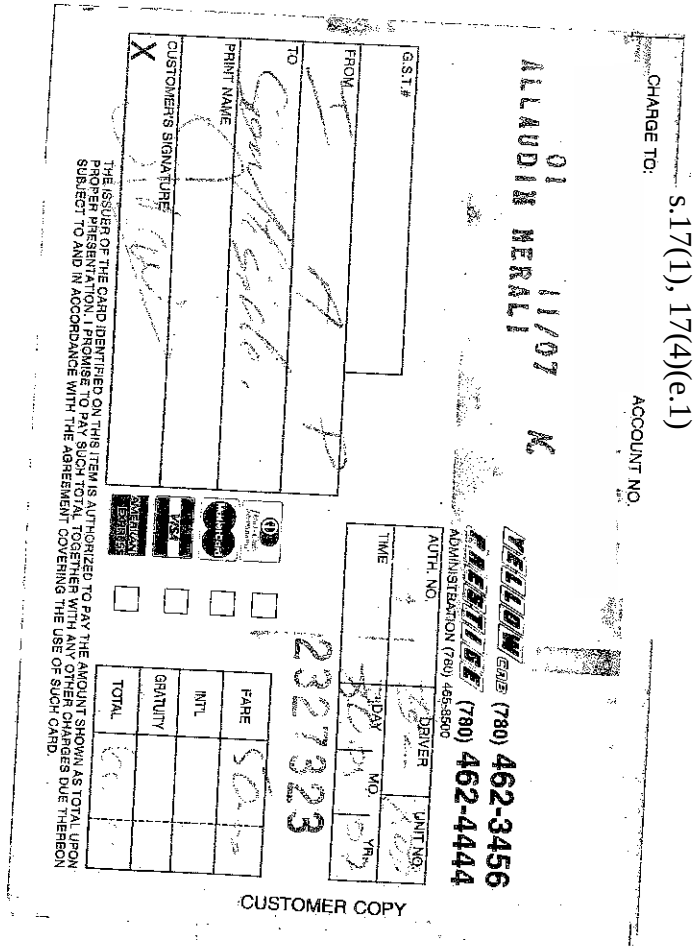
Pre-Auth

Amount: $ 235.21

Tip: $

Total: $ 270.21

s.17(1), 17(4)(e.1)


CHARGE TO:
ACCOUNT NO.
ALLAUDIN MERALI
01/07 K
(780) 462-3456
(780) 462-4444
ADMINISTRATION (780) 465-5800
AUTH. NO.
TIME
DRIVER
UNIT NO.
DAY
MO.
YR.
G.S.T.#
FROM
TO
PRINT NAME
CUSTOMER'S SIGNATURE
X
FARE
INTL
GRATUITY
TOTAL
THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.
CUSTOMER COPY

MARLIN TRAVEL
O-O 101017690
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: CAPITAL HEALTH
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

LOCATOR : TPW038
OUR REF : ZCH0016494C
AGENT : KAREN GONZALEZ

I N V O I C E
*** D U P L I C A T E ***

INV NO: 19946
DATE: 25JUN07
PAGE: 1

FOR: MR ALLAUDIN MERALI
AC 115735615

- - - - - - - - - - - - - - - - I T I N E R A R Y - - - - - - - - - - - - - - - - -

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8151 Q	HK	19JUN	4:00P	4:48P		2PC
		CRA							
		SEAT 12D							
	AIR CANADA J								
CALGARY	EDMONTON INTL	AIR CANADA	8156 A	HK	19JUN	8:00P	8:52P		2PC
		D8 (300 SERIE							
		SEAT 03D							
	AIR CANADA J								

- C O S T -

AIR CANADA TKT NO AC 5975 954910 (INCL 39.90 TAX) 329.90
GST/HST 0.00

*** SUB-TOTAL EXCLUDING GST/HST & APT 329.90
*** TOTAL GST/HST 0.00
*** TOTAL CHARGES THIS INVOICE *** 329.90
PAYMENT BY CA**********3878 TKT 5975954910 329.90
*** BALANCE DUE THIS INVOICE **** 0.00
BALANCE DUE TO DATE 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY
UNDERWRITTEN BY AXA INSURANCE CANADA
24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
*********IMPORTANT REMINDER**********
AS OF JANUARY 2007 YOU WILL BE REQUIRED*
TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
RE-ENTER THE UNITED STATES*
****

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR BRANCH COLLECT AT 780-425-8611 OR LOCAL MARLIN TRVL/CLUB VOYAGES OFFICE. WHEN CALLING OUR AFTER HOURS EMERGENCY TRVL CTRE-PLS QUOTE ACCESS CODE 2EC0

This e-mail may contain confidential information and any rights to privilege have not been waived.
Le présent courriel peut contenir de l'information confidentielle et aucune renonciation aux droits découlant du secret professionel ne doit en être inféré.

APPLICANT COPY

CHARACTERS REST
10257 - 105 STREET
EDMONTON, AB.
T5J 1E3
780-421-4100
GST# 89206-4429

Date: Jun07'07 09:28PM
Card Type: M/C
Acct #: s.17(1), 17(4)(e.1)
Exp Date: 11/07
Auth Code: 009361
Check: 506
Table: 12/1
Server: 135 BOND C
ALLAUDIN MERALI

Subtotal: 381.60

GRATUITY 45.00

TOTAL 426.60

SIGNATURE

** Guest **

231

MARLIN TRAVEL
O-O 101017690
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: CAPITAL HEALTH
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

LOCATOR : TPW038
OUR REF : ZCH0016494C
AGENT : KAREN GONZALEZ

I N V O I C E
*** D U P L I C A T E ***

INV NO: 19946
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FOR: MR ALLAUDIN MERALI
AC 115735615

- - - - - - - - - - - - - - - - - I T I N E R A R Y - - - - - - - - - - - - - - - - - -

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8151 Q	HK	19JUN	4:00P	4:48P		2PC
		CRA							
		SEAT 12D							
	AIR CANADA J								
CALGARY	EDMONTON INTL	AIR CANADA	8156 A	HK	19JUN	8:00P	8:52P		2PC
		D8 (300 SERIE							
		SEAT 03D							
	AIR CANADA J								

- - - - - - - - - - - - - - - - - - - C O S T - - - - - - - - - - - - - - - - - - -

AIR CANADA	TKT NO AC 5975 954910	(INCL 39.90 TAX)	329.90
		GST/HST	0.00
*** SUB-TOTAL EXCLUDING GST/HST & APT		329.90	
*** TOTAL GST/HST		0.00	
*** TOTAL CHARGES THIS INVOICE ***			329.90
PAYMENT BY CA**********3878	TKT 5975954910		329.90
*** BALANCE DUE THIS INVOICE ****			0.00
BALANCE DUE TO DATE			0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

Corrigan, Trudy

From: Hawgood, Michelle
Sent: Monday, June 11, 2007 3:41 PM
To: Merali, Allaudin
Cc: Corrigan, Trudy
Subject: Itinerary/Confirmation - Allaudin Merali - 18Jun - Calgary
Attachments: $10 Value Park coupon.pdf

I've printed off everything, wasn't sure Trudy sends you the e-version or not.

Caroline; for you to input flight info into Allaudin's calendar.

From: Lazarenko, Barbara [mailto:barbara.lazarenko@marlintravel.ca]
Sent: Monday, June 11, 2007 2:38 PM
To: Hawgood, Michelle
Subject: Itinerary/Confirmation - Allaudin Merali - 18Jun - Calgary

You can view/print your ticket receipt at:

www.viewtrip.com

Your reservation number is W6S9J0

Ticket 014 5976 032211

$ 339.90

MARLIN TRAVEL - GOVERNMENT CENTRE
OWNED AND OPERATED BY 101017690 SASK. LTD.
9929 108TH ST - MAIN
EDMONTON ALBERTA T5K 1G8
PHONE: (780) 425-8611 FAX: (780) 426-5759
BRANCH: N61107 GST REG NO. 885101915
PNR LOC: W6S9J0 DATE: 11 JUN 2007
AGENT: BARB

TO: FOR:
CAPITAL HEALTH MERALI/ALLAUDIN MR
SUITE 800 NORTH TOWER 900071115000006
10030 - 107 STREET
EDMONTON AB
T5J 3E4

--ITINERARY--

FROM	TO	CARRIER	FLT/CL	DATE	DEP	ARR	ST
EDMONTON/INTL	CALGARY	AIR CANADA	8149 A	18 JUN 07	300P	354P	OK

NONSTOP
EQUIPMENT:DH3 TRAVELLING TIME - :54
OPERATED BY:AIR CANADA JAZZ SEAT: 8D
AIRLINE LOCATOR: AC -KWPUVE FREQ FLYER NBR: AC 115735615

CALGARY	EDMONTON/INTL	AIR CANADA	8156 Q	18 JUN 07	800P	852P	OK

NONSTOP
EQUIPMENT:DH3 TRAVELLING TIME - :52

APPLICANT COPY

OPERATED BY:AIR CANADA JAZZ SEAT: 9C
AIRLINE LOCATOR: AC -KWPUVE FREQ FLYER NBR: AC 115735615

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T
FOR THE PRINCIPAL SUM $100000 UNDER MASTER POLICY FL47
UNDERWRITTEN BY AXA INSURANCE CANADA
24 HOUR EMERGENCY HELP DESK
WITHIN CANADA OR UNITED STATES CALL ...1 800 267 8891
OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834
*********IMPORTANT REMINDER**********
AS OF JANUARY 2007 YOU WILL BE REQUIRED*
TO OBTAIN A CANADIAN PASSPORT TO ENTER OR
RE-ENTER THE UNITED STATES*
****

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR BRANCH COLLECT AT 780-425-8611 OR LOCAL MARLIN TRVL/CLUB VOYAGES OFFICE.
WHEN CALLING OUR AFTER HOURS EMERGENCY TRVL CTRE-PLS QUOTE ACCESS CODE 2EC0

Barbara Lazarenko
Marlin Travel
9929 - 108 Street
Edmonton, Alberta, T5K 1G8, Canada
tel +001 780.425.8611
fax +001 780.426.5759
mailto:barbara.lazarenko@marlintravel.ca
http://www.marlintravel.ca

This e-mail may contain confidential information and any rights to privilege have no
Le présent courriel peut contenir de l'information confidentielle et aucune renoncia

APPLICANT COPY

earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

Date: 16Jun'07 04:33PM
Card Type: M/C
Acct #: XXXXXXXXXXXX3878
Exp Date: 11/07
Auth Code: 004985
Check: 9854
Table: 32/1
Server: 28 DAVE
Ref Number: 001182033203

Subtotal: 73.67

Tip: 10.00

Total: 83.67

Signature:

I agree to pay above total
according to my card issuer
agreement.

***

APPLICANT COPY

THE BAY 1125 SOUTHGATE
111TH ST & 51ST AV T6H4M7
EDMONTON AB

SALE

1 ADAPTER KIT	796		
021276662358		19.97	G
2 COMBO LOCK	796		
021276397366		7.97	G

for Laptop & Blackberry

Subtotal	27.94
102420296 6% GST	1.68
ALBERTA 0% TAX	.00
Total	29.62

MASTER CARD 29.62
NO: **********3878 EXPIR: 1107
PURCHASE
AUTHOR: 001736 S@1
SEQ: 00100176E
MER 0093476012
/00

APPLICANT COPY

10

BUON GIORNO RISTAURANTE
823 17TH AVE SW
CALGARY AB

CARD **********3878
CARD TYPE MASTERCARD
DATE 2007/06/18
TIME 0644 18:51:25
RECEIPT NUMBER
S30611608-001-096-012-0

PRE-AUTHORIZATION
AMOUNT $388.23

TIP

TOTAL-CAD 444.00

APPROVED

AUTH# 002688 01-027
THANK YOU

APPLICANT COPY

CHARGE TO: ACCOUNT NO.

s.17(1), 17(4)(e.1)

01 11/07 K

ALLAUDIN HERALI

YELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY MO. YR	
	12 10 07	

232787

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE

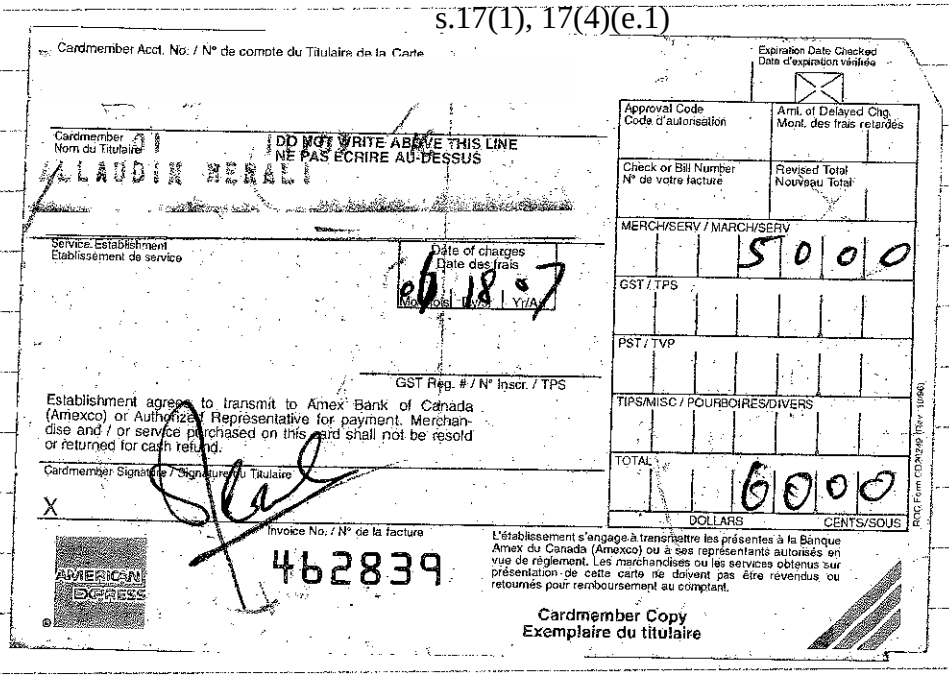
X

FARE	
INT'L	
GRATUITY	
TOTAL	120 00

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY

s.17(1), 17(4)(e.1)



Cardmember Acct. No. / N° de compte du Titulaire de la Carte

Expiration Date Checked
Date d'expiration vérifiée

Cardmember
Nom du Titulaire

DO NOT WRITE ABOVE THIS LINE
NE PAS ÉCRIRE AU-DESSUS

CLAUDIA BERALI

Approval Code
Code d'autorisation

Amt. of Delayed Chg.
Mont. des frais retardés

Check or Bill Number
N° de votre facture

Revised Total
Nouveau Total

MERCH/SERV / MARCH/SERV
5000

Service Establishment
Établissement de service

Date of charges
Date des frais
Month/Mois Day/J. Yr/An
feb 18 07

GST / TPS

PST / TVP

GST Reg. # / N° Inscr. / TPS

TIPS/MISC / POURBOIRES/DIVERS

Establishment agrees to transmit to Amex Bank of Canada (Amexco) or Authorized Representative for payment. Merchandise and / or service purchased on this card shall not be resold or returned for cash refund.

TOTAL
6000

Cardmember Signature / Signature du Titulaire

X

DOLLARS CENTS/SOUS

Rtn. Form CDN2749 (Rev. 10/96)

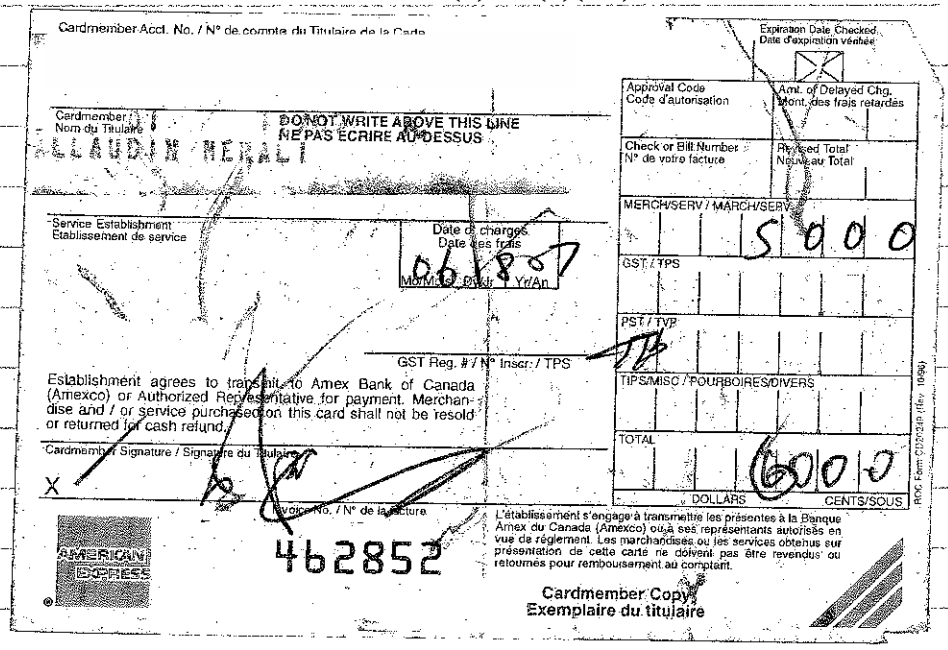
Invoice No. / N° de la facture
462839

L'établissement s'engage à transmettre les présentes à la Banque Amex du Canada (Amexco) ou à ses représentants autorisés en vue de règlement. Les marchandises ou les services obtenus sur présentation de cette carte ne doivent pas être revendus ou retournés pour remboursement au comptant.

AMERICAN EXPRESS

Cardmember Copy
Exemplaire du titulaire

s.17(1), 17(4)(e.1)


Cardmember Acct. No. / N° de compte du Titulaire de la Carte
Expiration Date Checked
Date d'expiration vérifiée
Cardmember
Nom du Titulaire
DO NOT WRITE ABOVE THIS LINE
NE PAS ÉCRIRE AU-DESSUS
CLAUDIA NERALI
Approval Code
Code d'autorisation
Amt. of Delayed Chg.
Mont. des frais retardés
Check or Bill Number
N° de votre facture
Revised Total
Nouveau Total
Service Establishment
Établissement de service
Date of charges
Date des frais
06 8 07
Mo/M Day/J Yr/An
MERCH/SERV / MARCH/SERV
5000
GST / TPS
PST / TVP
GST Reg. # / N° Inscr. / TPS
TIPS/MISC / POURBOIRES/DIVERS
Establishment agrees to transmit to Amex Bank of Canada (Amexco) or Authorized Representative for payment. Merchandise and / or service purchased on this card shall not be resold or returned for cash refund.
TOTAL
6000
Cardmember Signature / Signature du Titulaire
X
DOLLARS
CENTS/SOUS
Invoice No. / N° de la facture
462852
L'établissement s'engage à transmettre les présentes à la Banque Amex du Canada (Amexco) ou à ses représentants autorisés en vue de règlement. Les marchandises ou les services obtenus sur présentation de cette carte ne doivent pas être revendus ou retournés pour remboursement au comptant.
Cardmember Copy
Exemplaire du titulaire

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

CHARGE TO: ACCOUNT NO

s.17(1), 17(4)(e.1)

01 11/07 K
JAUDIN MERALI

CHECKER CABS (EDMONTON) INC. (780) 484-8888
Barrel TAXI LTD. (780) 489-7777
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	A.C	810
TIME	DAY 21 MO. 6 YR. 07	

4217800

G.S.T.#

FROM

s.17(1), 17(4)(g)(i)

TO S.A.P

PRINT NAME

CUSTOMER'S SIGNATURE

X

FARE	50
INT'L	
GRATUITY	
TOTAL	60

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY

APPLICANT COPY

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

Date: 19Jun'07 02:1
Card Type: M/C
Acct #: XXXXXXXXXXXX
Exp Date: 11/07
Auth Code: 009754
Check: 409
Table: 41/1
Server: 11 KRAMER
Ref Number 001182284380
ALLAUDIN MEFALI

Subtotal: 33.39

Tip: _____

Total: 38.00

I agree to pay above total
according to my card issuer
agreement.

*********Customer Copy**********

Re: blackberry
Cost
Please attach
to Alauddin's
invoice

Dixons

Branch: 3587 DIXONS HEATHROW T3
Heathrow Airport, International Departure
Lounge, Terminal 3
HOUNSLOW [illegible]
[illegible]

[illegible] Receipt 031422 Date 22/05/[illegible]
Operator [illegible] Sunny Time 13:[illegible]

Dest Code: DXB Flight: EK2

THANK YOU FOR YOUR CUSTOM
FOR FURTHER ASSISTANCE PLEASE
CONTACT YOUR PERSONAL
ADVISOR:
SUNNY
Assistant: 10
On: 02085648468
SALE

Assistant: 10 SUNNY

BLACKBERRY T[illegible] ARGER £29.99

1 x 000078837[illegible]

VAT Adjustment (17.50%) -£4.47

AMOUNT DUE £25.52
MASTERCARD £25.52
Card **********3678
Expiry 11/07 Swiped Signature
Auth No. 002100
Merchant No. 4506[illegible]42 EFT No. 000050

TOTAL TENDERED £25.52

** THANK YOU FOR SHOPPING AT DIXONS **
** TAX FREE HAVE A PLEASANT JOURNEY **

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Oct. 3/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Sept/07 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62414000***	***$7,963.14***		***$7,963.14***
201	***9000***	***71115000006***	***62412000***	***$270.00***		***$270.00***
201	***9000***	***71115000006***	***62410001***	***$163.00***		***$163.00***
201	***9000***	***71115000006***	***69600000***	***$1,809.60***		***$1,809.60***
				$10,205.74		***$10,205.74***
Currency *(select one)*			Less Over Payment	109.07		109.07
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$10,096.67***		***$10,096.67***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corriga	Phone # **407-3652**
Title: **Executive Secretary**		Date Oct. 31/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date Oct 31/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* Sheila Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date Nov 1/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International s.17(1), 17(4)(e.1) APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 03 OCT 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
2,740.30	10,465.03CR	9,961.79	2,237.06	40,000.00	112.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 112.00 reaches us by 25 OCT 07.

000000185

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

LOOK FOR YOUR FALL/WINTER CLUB REWARDS CATALOGUE IN YOUR MAILBOX THIS MONTH, WITH GREAT IDEAS FOR THE COMING HOLIDAY SEASON!

Club Rewards Points Balance 268,262

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 29	
04 SEP 07		PREVIOUS BALANCE	2,740.30
27 SEP 07		PAYMENT RECEIVED - THANK YOU	10,465.03CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
06 SEP 07	50836272	AIR NZ AKL INTNL AIRPO NZD 25.00 ticket change + Airport Tax INTL AIRPORT NEW ZEALAND	19.14 ✓
06 SEP 07	50881991	HILTON HOTEL AUCKLAND NEW ZEALAND NZD 1,791.00 Dinner Bkd Mtg	1,380.26 ✓
07 SEP 07	51328574	YELLOW CAB EDMONTON ,AB return trips - airport	120.00 ✓
10 SEP 07	51368926	WESTJET CALGARY ,AB Traveller : MERALI/ALLAUDIN Ticket no. : RIYHBW Date : 19 OCT 07 Routing/class: YXE/YEG — Western CFO - Saskatoon - Cancelled	143.81 ✓
10 SEP 07	51386018	AIR CANADA - ,MB Ticket no. : 014 4984166956 — Western CFO - Seat Cancelled	237.95 ✓
07 SEP 07	51332296	LIMOJET LTD CALGARY ,AB — Aug 30 - mtgs Calgary	270.00 ✓

2171.16

P00000185/C00000931

MCC 131153

Posting Date	Reference No.	Description			Amount
10 SEP 07	51443907	WESTJET CALGARY ,AB			7.81CR
13 SEP 07	51632789	AIR CANADA - ,MB Ticket no. : 014 4984167036			802.28
17 SEP 07	51766665	YELLOW CAB EDMONTON ,AB			11.00
19 SEP 07	51964149	YELLOW CAB EDMONTON ,AB			32.00
18 SEP 07	51877170	CRISTALL'S WINE MARKET EDMONTON ,AB			558.49
18 SEP 07	51888702	HEALTH INFORMATICS S BRUNSWICK EAS AUSTRALIA	AUD	270.00CR	236.14CR
20 SEP 07	51988821	JACK'S GRILL EDMONTON ,AB			246.89
21 SEP 07	52085140	UNITED AIRLINES TORONTO ,ON Traveller : MERALI/ALLAUDIN MR Ticket no. : 016 4984237936 Date : 01 OCT 07 Routing/class: BOS/IAD/YYZ/IAD/IAD B M B B Carrier : UA/UA/UA/UA			1,229.45
24 SEP 07	52150817	CHARACTERS RESTAURANT EDMONTON ,AB			794.22
24 SEP 07	52175680	SORRENTINO'S DOWNTOWN EDMONTON ,AB			210.00
28 SEP 07	52466920	AIR CANADA - ,MB Ticket no. : 014 4984238044			1,598.95
01 OCT 07	52503406	TAXI & LIMO PAYMENT MISSISSAUGA ,ON			60.00
01 OCT 07	52597436	FAIRMONT ROYAL YORK TORONTO ,ON			443.46
01 OCT 07	52588377	SASSO RESTAURANT BOSTON ,MA UNITED STATES	USD	110.81	112.95
02 OCT 07	52642700	MOHAMMAD ARAGHI MONFAR TORONTO ,ON			55.00
02 OCT 07	52658931	KINGFISH HALL BOSTON ,MA UNITED STATES	USD	42.00	42.66
02 OCT 07	52660518	PALM RESTAURANT-BOSTON BOSTON ,MA UNITED STATES	USD	315.36	320.25
03 OCT 07	52754452	LEGAL SEA FOODS #019 EAST BOSTON ,MA UNITED STATES	USD	37.24	38.03
03 OCT 07	52754393	THE FAIRMONT COPLEY PL BOSTON ,MA UNITED STATES	USD	1,334.46	1,362.63
03 OCT 07	52753873	CAREY INTL INC/LIMOS 8003364646 ,MD UNITED STATES	USD	113.92	116.32
					6034.50
		BALANCE DUE			2,237.06
		Expenses in: Canada: 6,805.69	Foreign: 3,156.10		

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

	Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments			
6(c)	Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
		• Level 3 and Level 4	$1,000,000
		• Level 4	$ 500,000
		• Level 5	$ 250,000
		• Level 6	$ 100,000
		• Level 7	$ 50,000
6(f)	Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
		• Level 4 with Level 3	$ 100,000
		• Level 4	$ 20,000
		• Level 5	$ 10,000
		• Level 6	$ 5,000
		• Level 7	$ 1,000
		No other payments without contracts or PO's will be allowed	

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Nov. 3/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Oct/07 - A. Merali**

Capital Health RECEIVED NOV 26 2007 ACCOUNTS PAYABLE

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62414000	$1,146.22		$1,146.22
201	9000	71115000006	62410001	$240.00		$240.00
201	9000	71115000006	61030000	$792.46		$792.46
201	9000	71115000006	69600000	$1,421.38		$1,421.38
			Credit	($206.42)		($206.42)
Currency *(select one)*						
☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	$3,393.64		$3,393.64

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Nov. 19/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date Nov 19/07
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date Nov 23/07

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

11

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 02 NOV 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
2,237.06	2,900.17CR	3,393.64	2,730.53	40,000.00	137.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 137.00 reaches us by 23 NOV 07.

ALLAUDIN MERALI

000000180

s.17(1), 17(4)(g)(i)

LOOK FOR YOUR FALL/WINTER CLUB REWARDS CATALOGUE IN YOUR MAILBOX THIS MONTH, WITH GREAT IDEAS FOR THE COMING HOLIDAY SEASON!

Club Rewards Points Balance 271,656

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 30	
03 OCT 07		PREVIOUS BALANCE	2,237.06
15 OCT 07		PAYMENT RECEIVED - THANK YOU	2,900.17CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
04 OCT 07	52814635	HYATT HOTELS RESTON USD 472.61 Mtg Oracle RESTON ,VA UNITED STATES	480.77
05 OCT 07	52853699	NORMANDS RESTAURANT EDMONTON ,AB Prov Procurement Grant	598.91
10 OCT 07	53090042	AIR CANADA - ,MB Stylmunty - Dallas Ticket no. : 014 4984323110	413.39
09 OCT 07	53042099	HOTEL MCDONALD F/B EDMONTON ,AB	40.00
09 OCT 07	53034642	SUBWAY SUBALTA FOODS L EDMONTON ,AB weekend work lunch	8.47
12 OCT 07	53203814	YELLOW CAB EDMONTON ,AB airport	60.00
15 OCT 07	53329961	OHA HEALTH ACHIEVE TORONTO ,ON Registration	792.46
15 OCT 07	53326344	YELLOW CAB EDMONTON ,AB airport	60.00

MCC 131153

P00000180/C00000895

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Diners Club International

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI

s.17(1), 17(4)(e.1)

Posting Date	Reference No.	Description			Amount
24 OCT 07	53780333	HOTEL MCDONALD F/B EDMONTON			14.00 ✓
24 OCT 07	53827297	JACK'S GRILL EDMONTON ,AB (Diner mtg (Capital plan, etc)			300.00 ✓
30 OCT 07	54155959	DNC THS-DENVER INT'L A DENVER ,CO UNITED STATES	USD	Stryker mtg 5.66	5.57 ✓
30 OCT 07	54176547	HILTON HOTELS DFW LAKE GRAPEVINE ,TX UNITED STATES	USD	251.00	246.49 ✓
02 NOV 07	54250724	YELLOW CAB EDMONTON ,AB — Cab to/from airport			120.00 ✓
02 NOV 07	54271611	HEALTH INFORMATICS S BRUNSWICK EAS AUSTRALIA	AUD	230.00CR Refund for Session at MedInfo.	206.42CR
02 NOV 07	54310818	JACK'S GRILL EDMONTON ,AB — Accenture			460.00 ✓
		BALANCE DUE Expenses in: Canada: 2,867.23 Foreign: 526.41			2,730.53

1146.00

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Dec. 3/07**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Nov/07 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62314000***	***$1,271.87***		***$1,271.87***
201	***9000***	***71115000006***	***69600000***	***$273.72***		***$273.72***

Currency *(select one)*

☒ Canadian ☐ U.S. ☐ Other

TOTAL ***$1,545.59*** ***$1,545.59***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T.Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Dec 17/07
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date Jan 2/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

	Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments			
6(c)	Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
		• Level 3 and Level 4	$1,000,000
		• Level 4	$ 500,000
		• Level 5	$ 250,000
		• Level 6	$ 100,000
		• Level 7	$ 50,000
6(f)	Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
		• Level 4 with Level 3	$ 100,000
		• Level 4	$ 20,000
		• Level 5	$ 10,000
		• Level 6	$ 5,000
		• Level 7	$ 1,000
		No other payments without contracts or PO's will be allowed	

Diners Club International s.17(1), 17(4)(e.1) APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 03 DEC 07 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
2,730.53	10,096.67CR	1,780.59	5,585.55CR	40,000.00	0.00

000000179

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

Club Rewards Points Balance 273,437

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 31	
02 NOV 07		PREVIOUS BALANCE	2,730.53
14 NOV 07		PAYMENT RECEIVED - THANK YOU	10,096.67CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
06 NOV 07	54530968	TAXI & LIMO PAYMENT MISSISSAUGA ,ON } OHA Convention	60.00 ✓
09 NOV 07	54658411	BARDI'S STEAK HOUSE TORONTO ,ON }	100.75 ✓
09 NOV 07	54742145	FAIRMONT ROYAL YORK TORONTO ,ON	851.62 ✓
13 NOV 07	54863672	SUBWAY SUBALTA FOODS L EDMONTON ,AB Worley Lunch	5.82 ✓
15 NOV 07	55049742	HARDWARE GRILL EDMONTON ,AB Courtyard Group	267.90 ✓
15 NOV 07	55051053	BEST TAXI TORONTO ,ON Cabs - Toronto	55.00 ✓
26 NOV 07	55519559	YELLOW CAB EDMONTON ,AB - Airport trip to Edmonton	120.00 ✓
27 NOV 07	55604350	STARBUCKS AT INTERCONT USD 6.56 RSNA - Chicago CHICAGO ,IL UNITED STATES	6.62

MCC 131153

P00000179/C00000893

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Diners Club International

s.17(1), 17(4)(e.1) APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 DEC 07 Page 2

Posting Date	Reference No.	Description			Amount
27 NOV 07	55630562	STARBUCKS AT INTERCONT CHICAGO ,IL UNITED STATES	USD	6.45	6.51
28 NOV 07	55671137	MCCORMICK PLAC10275402 CHICAGO ,IL UNITED STATES	USD	9.65	9.73
28 NOV 07	55684151	PICCOLO MONDO CAFE CHICAGO ,IL UNITED STATES	USD	32.00	32.60
29 NOV 07	55734493	STARBUCKS AT INTERCONT CHICAGO ,IL UNITED STATES	USD	6.45	6.45
30 NOV 07	55718163	MCCORMICK PLAC10275402 CHICAGO ,IL UNITED STATES	USD	15.16	15.44
30 NOV 07	55779034	HMS HOST-ORD AIRPT Q63 CHICAGO ,IL UNITED STATES	USD	7.02	7.15

RSNA Chicago

s.17(1), 17(4)(g)(i)

Personal 235.00 312.88

BALANCE DUE 5,585.55CR

Expenses in: Canada: 1,696.09 Foreign: 84.50

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Jan. 3/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Dec/07 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62314000***	***$7,686.90***		***$7,686.90***
201	***9000***	***71115000006***	***62312000***	***$35.00***		***$35.00***

Capital Health RECEIVED JAN 31 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$7,721.90***		***$7,721.90***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corriga	Phone # **407-3652**
Title: **Executive Secretary**		Date Jan. 22/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date Jan 28/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* Per Sheila Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International s.17(1), 17(4)(e.1) APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 03 JAN 08 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
5,585.55CR	3,393.64CR	8,854.32	124.87CR	40,000.00	0.00

ALLAUDIN MERALI

000000183

s.17(1), 17(4)(g)(i)

[redacted]

Club Rewards Points Balance 217,291

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 31	
03 DEC 07		PREVIOUS BALANCE	5,585.55CR
10 DEC 07		PAYMENT RECEIVED - THANK YOU	3,393.64CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
04 DEC 07	56016655	AIR CANADA - ,MB Ticket no. : 014 4984770367 Fort McMurray - will be credited	727.90 ✓
13 DEC 07	56458724	BLACK TOP TAXI COMPANY CALGARY ,AB	35.00 ✓
20 DEC 07	56806793	UNITED VANCOUVER ,BC Traveller : MERALI/ALLAUDIN Ticket no. : 016 5684398912 2 Date : 05 FEB 08 Routing/class: ICN/NRT C Carrier : UA Seoul → Tokyo (Toshiba) only	735.60 ✓

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1498.50

MCC 131153

P00000183/C00000931

Diners Club International s.17(1), 17(4)(e.1) STATEMENT APPLICANT COPY

Account No : - ALLAUDIN MERALI Statement Date: 03 JAN 08 Page 2

Posting Date	Reference No.	Description	Amount
			735.60 Personal
		s.17(1), 17(4)(g)(i)	
20 DEC 07	56819064	AIR CANADA - ,MB Asia trip (Toshiba) Ticket no. : 014 5684398910	6,223.40
		s.17(1), 17(4)(g)(i)	396.82 Personal
		BALANCE DUE	124.87CR
		Expenses in: Canada: 8,854.32	

6223.40

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Jan. 3/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Dec/07 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If not a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62314000***	***$7,686.90***		***$7,686.90***
201	***9000***	***71115000006***	***62312000***	***$35.00***		***$35.00***

Capital Health RECEIVED FEB 01 2008 ACCOUNTS PAYABLE

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	TOTAL	***$7,721.90***		***$7,721.90***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Jan 22/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date Jan 28/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* Sheila Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level # 1	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

M

Kelly,

If the attached Diners payment requisition can be processed – will work with Trudy everything else when she is back.

Tim
Jan 31,2008

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are invoice date, invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Feb 3/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Jan.08 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)	CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62310000	$2,003.00		$2,003.00
201	9000	71115000006	62312000	$2,207.76		$2,207.76
201	9000	71115000006	69600000	$611.54		$611.54
201	9000	71115000006	61030000	$940.00		$940.00

Currency *(select one)*: ☒ Canadian ☐ U.S. ☐ Other — **TOTAL** $5,762.30 — $5,762.30

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other parson is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Feb.22/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date March 25/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)* S Weatherill	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date March 27/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International s.17(1), 17(4)(e.1) APPLICANT COPY STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 04 FEB 08 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
124.87CR	1,545.59CR	5,017.30	3,346.84	40,000.00	167.00

Thank you for using your Diners Club Card.
Please make sure your minimum payment of 167.00 reaches us by 26 FEB 08.

000000186

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

Club Rewards Points Balance 222,308

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 32	
03 JAN 08		PREVIOUS BALANCE	124.87CR
11 JAN 08		PAYMENT RECEIVED - THANK YOU	1,545.59CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
07 JAN 08	57407199	WESTJET - ,AB	204.40
		Traveller : MERALI/ALLAUDIN	
		Ticket no. : Z97BLD	
		Date : 25 JAN 08	
		Routing/class: YXE/YEG	
09 JAN 08	57499657	WESTJET - ,AB	9.40CR
15 JAN 08	57796546	AIR CANADA - ,MB	594.00
		Ticket no. : 014 2080290284	
22 JAN 08	58133080	AIR CANADA - ,MB	346.80
		Ticket no. : 014 5684532072	
23 JAN 08	58186861	ADVANCE GROUP - CANADI VANCOUVER ,BC	940.00
24 JAN 08	58238269	NORMANDS RESTAURANT EDMONTON ,AB	281.21

Western-CFO Saskatoon $195.00 & Robotic Vigil Seoul

eHealth REG. VAN. May/08

4 - 15 mtg

MCC 131153

P00000186/C00000925

1..2366

Diners Club International

Payable at all chartered banks and financial institutions in Canada.

Please write your account number on the front of your cheque or money order.

Credit Limit	Available Credit
40,000.00	36,653.16

s.17(1), 17(4)(e.1)

Account No : *- ALLAUDIN MERALI*
Statement Date: *04 FEB 08*

Annual Interest Rate	Interest Charges
18.95 %	0.00

New Balance	Payment Due Date
3,346.84	26 FEB 08

Minimum Payment 167.00

Enter Amount Paid

DINERS CLUB
P.O. BOX 7000
COMMERCE COURT STATION
TORONTO, ON M5L 1L2

s.17(1), 17(4)(e.1)

000016700000334684022608003

:0044900: 96

Posting Date	Reference No.	Description	Amount
25 JAN 08	58289494	AIR CANADA - ,MB Ticket no. : 014 5684532147	568.90
24 JAN 08	58263863	VIOLINO RISTORANTE EDMONTON ,AB	215.33
28 JAN 08	58421559	THE SASKATOON CLUB SASKATOON ,SK	133.86
29 JAN 08	58501616	UNITED VANCOUVER ,BC Traveller : MERALI/ALLAUDIN Ticket no. : 016 5684628044 4 Date : 03 MAR 08 Routing/class: BOS/LGA B Carrier : UA	359.80
01 FEB 08	58660521	WEBER MOTORS EDMONTON ,AB	1,974.00
04 FEB 08	58707464	IL PORTICO RESTAURANT EDMONTON ,AB	115.00
04 FEB 08	58707386	CAPITAL TAXI LINE EDMONTON ,AB	29.00
04 FEB 08	58731659	UNITED VANCOUVER ,BC	735.60CR
		BALANCE DUE	3,346.84
		Expenses in: Canada: 5,017.30	

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

	Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments			
6(c)	Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
		• Level 3 and Level 4	$1,000,000
		• Level 4	$ 500,000
		• Level 5	$ 250,000
		• Level 6	$ 100,000
		• Level 7	$ 50,000
6(f)	Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
		• Level 4 with Level 3	$ 100,000
		• Level 4	$ 20,000
		• Level 5	$ 10,000
		• Level 6	$ 5,000
		• Level 7	$ 1,000
		No other payments without contracts or PO's will be allowed	

APPLICANT COPY

Capital Health

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Feb 3/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Jan.08 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	*9000*	*71115000006*	*62310000*	*$2,003.00*		*$2,003.00*
201	*9000*	*71115000006*	*62312000*	*$2,207.76*		*$2,207.76*
201	*9000*	*71115000006*	*69600000*	*$611.54*		*$611.54*
201	*9000*	*71115000006*	*61030000*	*$940.00*		*$940.00*

Currency *(select one)*: ☒ Canadian ☐ U.S. ☐ Other — TOTAL *$5,762.30* — *$5,762.30*

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date Feb.22/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date March 25/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Tees, Kelley

From: Corrigan, Trudy
Sent: Tuesday, March 25, 2008 12:37 PM
To: Afacan, Vicky; Tees, Kelley
Subject: FW: Message from UAHCORP30 - Diners Club

Attachments: SUAHCORP3008032511340.pdf

Attached are 2 payment reqs for Diners Club for Allaudin. Can you please pay and I will get the signed copies by Sheila over asap.

Thnx
Trudy

From: admin@cha.ab.ca [mailto:admin@cha.ab.ca]
Sent: Tuesday, March 25, 2008 12:34 PM
To: Corrigan, Trudy
Subject: Message from UAHCORP30



SUAHCORP30
32511340.pdf (1

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Mar 3/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Feb.08 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62310000***	***$917.73***		***$917.73***
201	***9000***	***71115000006***	***62312000***	***$2,101.39***		***$2,101.39***
201	***9000***	***71115000006***	***66020000***	***$99.00***		***$99.00***
201	***9000***	***71115000006***	***69500000***	***$500.00***		***$500.00***
201	***9000***	***71115000006***	***69600000***	***$541.65***		

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$4,159.77***		***$4,159.77***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 13/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level ~~#~~	Date March 25/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President** S. Weatherill	Signing Authority Level #	Date March 27/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
3,346.84	9,089.32CR	4,159.77	1,582.71CR	40,000.00	0.00

ALLAUDIN MERALI

000000219

s.17(1), 17(4)(g)(i)

Club Rewards Points Balance 226,369

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 28	
04 FEB 08		PREVIOUS BALANCE	3,346.84
06 FEB 08		PAYMENT RECEIVED - THANK YOU	1,367.42CR
12 FEB 08		PAYMENT RECEIVED - THANK YOU	7,721.90CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
08 FEB 08	59017386	YELLOW CAB EDMONTON ,AB	190.00
12 FEB 08	59242180	JACK'S GRILL EDMONTON ,AB Dinner Clt, Affair	261.85
21 FEB 08	59675039	WEBER MOTORS EDMONTON ,AB	727.53
22 FEB 08	59741475	UNITED VANCOUVER ,BC Ticket change HimSS Traveller : MERALI/ALLAUDIN Ticket no. : 016 6847911889 9 Date : 27 FEB 08 to : 27 FEB 08 Routing/class: MCO/DEN/YEG U F Carrier : UA/UA	2,087.80C
21 FEB 08	59704975	VIOLINO RISTORANTE EDMONTON ,AB Dinner - Clt, Dept staff	280.00

MCC 131158

P00000219/C00001101

./.. 3547.1

Diners Club International

Payable at all chartered banks and financial institutions in Canada.

Please write your account number on the front of your cheque or money order.

Credit Limit	Available Credit
40,000.00	40,000.00
Annual Interest Rate	**Interest Charges**
18.95 %	0.00
New Balance	**Payment Due Date**
1,582.71CR	
Minimum Payment	**Enter Amount Paid**
0.00	

s.17(1), 17(4)(e.1)

Account No : *- ALLAUDIN MERALI*

Statement Date: *03 MAR 08*

DINERS CLUB
P.O. BOX 7000
COMMERCE COURT STATION
TORONTO, ON M5L 1L2

s.17(1), 17(4)(e.1)

00000000000015827100000003

96

Posting Date	Reference No.	Description			Amount
26 FEB 08	59916951	ORNG CTY CNVCR10276301 ORLANDO ,FL UNITED STATES	USD	13.12	13.59
03 MAR 08	60236979	CH HEART INSTITUTE EDMONTON ,AB			500.00
03 MAR 08		ANNUAL FEE			99.00
		BALANCE DUE			1,582.71CR
		Expenses in: Canada: 4,146.18	Foreign: 13.59		

612.59

APPLICANT COPY

Capital Health

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Mar 3/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Feb.08 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If not a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe 6f ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	*9000*	*71115000006*	*62310000*	*$917.73*		*$917.73*
201	*9000*	*71115000006*	*62312000*	*$2,101.39*		*$2,101.39*
201	*9000*	*71115000006*	*66020000*	*$99.00*		*$99.00*
201	*9000*	*71115000006*	*69500000*	*$500.00*		*$500.00*
201	*9000*	*71115000006*	*69600000*	*$541.65*		
Currency *(select one)*						
☒ Canadian	☐ U.S.	☐ Other	TOTAL	*$4,159.77*		*$4,159.77*

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date March 13/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date March 25/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **Apr 3/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Mar.08 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If not a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	62310000	$61.00		$61.00
201	9000	71115000006	62314000	$2,470.79		$2,470.79
201	9000	71115000006	66020000	$628.65		$628.25
201	9000	71115000006	49010000	$177.18		$177.18
201	9000	71115000006	69600000	$944.09		$944.09
201	9000	71115000006	69500000	100.00		100.00
Currency *(select one)*			**TOTAL**	$4,381.71		$4,381.71

☐ Canadian ☐ U.S. ☐ Other

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T. Corriga	Phone # **407-3652**
Title: **Executive Secretary**		Date April 18/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date April 29/08
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date April 29/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 - SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

	Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments			
6(c)	Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
		• Level 3 and Level 4	$1,000,000
		• Level 4	$ 500,000
		• Level 5	$ 250,000
		• Level 6	$ 100,000
		• Level 7	$ 50,000
6(f)	Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
		• Level 4 with Level 3	$ 100,000
		• Level 4	$ 20,000
		• Level 5	$ 10,000
		• Level 6	$ 5,000
		• Level 7	$ 1,000
		No other payments without contracts or PO's will be allowed	

Diners Club International s.17(1), 17(4)(e.1) APPLICANT COPY

STATEMENT

Account No : - ALLAUDIN MERALI Statement Date: 03 APR 08 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
1,582.71CR	9,922.07CR	4,381.71	7,123.07CR	40,000.00	0.00

000000213

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

[redacted]

Club Rewards Points Balance 230,751

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description			Amount
		Days in this Billing Period: 31			
03 MAR 08		PREVIOUS BALANCE			1,582.71CR
31 MAR 08		PAYMENT RECEIVED - THANK YOU			5,762.30CR
31 MAR 08		PAYMENT RECEIVED - THANK YOU			4,159.77CR
		s.17(1), 17(4)(e.1)			
		ALLAUDIN MERALI			
12 MAR 08	60716223	ORNG CTY CNVCR10276301 ORLANDO ,FL UNITED STATES	USD	10.92	11.11
12 MAR 08	60716225	ORNG CTY CNVCR10276301 ORLANDO ,FL UNITED STATES	USD	26.89	27.37
13 MAR 08	60734678	YELLOW CAB EDMONTON ,AB			20.00
04 MAR 08	60329653	MCK*MCKINSEY QUARTERLY 312-795-7210 ,NY UNITED STATES	USD	175.43	177.18
05 MAR 08	60357498	PALM RESTAURANT-NY NEW YORK ,NY UNITED STATES	USD	37.00	37.61
06 MAR 08	60426495	IMPERIAL PARKING-LOT 0 EDMONTON ,AB			8.00

HIMSS Meal

Subscription

Meeting with Deloitte

MCC 131153

P00000213/C00001041

Posting Date	Reference No.	Description	Amount
06 MAR 08	60448818	INST. OF CHARTERED ACC GBP 313.75 MILTON KEYNES ,GB UNITED KINGDOM } membership	628.65
07 MAR 08	60485468	HARDWARE GRILL EDMONTON ,AB } Research enterprise discussion - U of Waterloo; AHW	480.00
03 APR 08	61844915	YELLOW CAB EDMONTON ,AB	33.00
13 MAR 08	60816334	COLLEGE OF PHYS EDMONTON ,AB	100.00
17 MAR 08	60970860	RUTH'S CHRIS STEAK HOU EDMONTON ,AB } IT Expert Panel	300.00
18 MAR 08	61046909	NORMANDS RESTAURANT EDMONTON ,AB } meeting ACU	150.36
28 MAR 08	61539384	AIR CANADA - ,MB Traveller : MERALI/ALLAUDIN MR Ticket no. : 001 2156579586 Routing/class: YYZ/YEG J Carrier : AC Toronto - Speaker to be reimbursed by Deloitte	1,653.90
31 MAR 08	61600086	AIR CANADA - ,MB Ticket no. : 014 5685063913 P&P - Victoria	685.80
31 MAR 08	61660359	SUBWAY SUBALTA FOODS L EDMONTON ,AB Self lunch working	13.73
02 APR 08	61769350	TAXI & LIMO PAYMENT MISSISSAUGA ,ON	55.00
		BALANCE DUE Expenses in: Canada: 3,499.79 Foreign: 881.92	7,123.07CR

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **May 2/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Apr.08 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO) | CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62310000***	***$23.00***		***$23.00***
201	***9000***	***71115000006***	***62314000***	***$1,644.53***		***$1,644.53***
201	***9000***	***71115000006***	***62312000***	***$451.80***		***$451.80***
201	***9000***	***71115000006***	***69500000***	***$632.31***		***$632.31***
201	***9000***	***71115000006***	***69600000***	***$113.00***		***$113.00***
Currency *(select one)*						
☐ Canadian ☐ U.S. ☐ Other			**TOTAL**	***$2,864.64***		***$2,864.64***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)*	Phone # **407-3652**
Title: **Executive Secretary**		Date
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level **#3**	Date May 22/06
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date May 23/06

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
	No other payments without contracts or PO's will be allowed	

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Statement Date: 02 MAY 08 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
7,123.07CR	0.00	2,980.88	4,142.19CR	40,000.00	0.00

ALLAUDIN MERALI 000000191

s.17(1), 17(4)(g)(i)

Club Rewards Points Balance 203,732

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 29	
03 APR 08		PREVIOUS BALANCE	7,123.07CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
07 APR 08	61976126	THE HIGH RUN CLUB EDMONTON Mtg - Gent (BH+JR)	53.00
07 APR 08	62031305	ALBERTA CO-OP TAXI EDMONTON ,AB	23.00
07 APR 08	62025691	LIMO & TAXI FLEET SERV TORONTO ,ON - Deloitte (to reimburse)	55.00
10 APR 08	62218488	UNITED VANCOUVER ,BC	549.60
		Traveller : MERALI/ALLAUDIN	
		Ticket no. : 016 6851406609 9	
		Date : 13 MAY 08 to : 13 MAY 08	
		Routing/class: YEG/DEN/MCI/DEN/YEG	
		W W W W	
		Carrier : UA/UA/UA/UA	
		CERNER MTGS.	
		s.17(1), 17(4)(g)(i)	
11 APR 08	62260284	HOTEL MCDONALD F/B EDMONTON ,AB	116.24 Personal
			60.00

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MCC 131153

P00000191/C00000953

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

APPLICANT COPY

Account No : - ALLAUDIN MERALI

Posting Date	Reference No.	Description	Amount
11 APR 08	62278931	AIR CANADA - ,MB Ticket no. : 014 5685140701 — Calgary change	210.90
14 APR 08	62350101	UNITED VANCOUVER ,BC — EPIC MTG Traveller : MERALI/ALLAUDIN Ticket no. : 016 6852050919 9 Date : 10 JUN 08 to : 10 JUN 08 Routing/class: YEG/DEN/MSN/DEN/YEG V V V V Carrier : UA/UA/UA/UA	657.61
29 APR 08	63138351	AIR CANADA - ,MB Ticket no. : 014 5685205179 — Calgary (Cancelled - to be credited)	185.90
21 APR 08	62786328	THE VANCOUVER CLUB VANCOUVER ,BC — ~~P+P Conf Visit~~ MAHI event Vancouver	48.05
23 APR 08	62903050	AIR CANADA - ,MB Net : 300.00 GST/HST : 49.27 Traveller : MERALI/ALLAUDIN MR Ticket no. : 001 2157525780 Routing/class: YYJ/YVR/YEG U U Carrier : AC/AC — Ticket change from Vancouver to	349.27
23 APR 08	62903055	AIR CANADA - ,MB Traveller : MERALI/ALLAUDIN MR Ticket no. : 001 2157525780 Routing/class: YYJ/YVR/YEG Carrier : AC/AC — ticket charge	40.00
24 APR 08	62960580	WEBER MOTORS EDMONTON ,AB — Car repairs	632.31
		BALANCE DUE Expenses in: Canada: 2,980.88	4,142.19CR
		Net : 300.00 GST/HST : 49.27	

Capital Health

APPLICANT COPY
Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date **June 3/08**	Invoice Number **204480115**	PO #
Vendor Name **Diners Club**		Vendor Number
Address **P.O. Box 7000, Commerce Court Postal Station**		City **Toronto**
Province/State **ON**	Postal Code **M5L 1L2**	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **May/08 - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If **not** a contract or PO purchase, does it comply with items under CAD **4.4.1** Section A, 6 (f) Page 2
☒ Yes describe **6f** ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9 All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit *e.g. 201*	Location *e.g. 9000*	Functional Centre *e.g. 71135050044*	Account *e.g. 69500001*	Expense Sub-Total	GST if applicable	Total Payment
201	***9000***	***71115000006***	***62314000***	***$2,074.41***		***$2,074.41***
201	***9000***	***71115000006***	***69600000***	***$94.33***		***$94.33***
201	***9000***	***71115000006***	***61540040***	***$926.68***		***$926.68***
201	***9000***	***71115000006***	***69500000***	***$210.00***		***$210.00***

Currency *(select one)*

☒ Canadian	☐ U.S.	☐ Other	**TOTAL**	***$3,305.42***		***$3,305.42***

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* **Trudy Corrigan**	*(Signature)* T Corrigan	Phone # **407-3652**
Title: **Executive Secretary**		Date June 19/08
Approved by *(Print name)* **Allaudin Merali**	*(Signature)* A Merali	Phone # **407-3652**
Title: **Executive Vice President & CFO**	Signing Authority Level #3	Date
Approved by *(Print name)* **Sheila Weatherill**	*(Signature)*	Phone # **407-8008**
Title: **President**	Signing Authority Level #	Date June 24/08

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will **NOT** be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00** p.m. will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

November 2006, CH -0148

Diners Club International s.17(1), 17(4)(e.1)

STATEMENT

Account No : - ALLAUDIN MERALI

Statement Date: 03 JUN 08 Page 1

Previous Balance	Payments Received	New Transactions	New Balance	Credit Limit	Minimum Payment
4,142.19CR	7,362.59CR	4,458.36	7,046.42CR	40,000.00	0.00

ALLAUDIN MERALI

000000184

s.17(1), 17(4)(g)(i)

[redacted]

Club Rewards Points Balance 2,102

APPLICANT COPY

For statement enquiries, please call our toll-free Customer Service line at 1-800-363-3333

Posting Date	Reference No.	Description	Amount
		Days in this Billing Period: 32	
02 MAY 08		PREVIOUS BALANCE	4,142.19CR
08 MAY 08		PAYMENT RECEIVED - THANK YOU	4,381.71CR
30 MAY 08		PAYMENT RECEIVED - THANK YOU	2,864.64CR
02 JUN 08		PAYMENT RECEIVED - THANK YOU	116.24CR
		s.17(1), 17(4)(e.1)	
		ALLAUDIN MERALI	
08 MAY 08	63734208	FAIRMONT WATERFRONT VANCOUVER ,BC - allhealth Conf.	1,155.75 ✓
13 MAY 08	63925339	SUBWAY SUBALTA FOODS L EDMONTON Sat workay	5.97 ✓
15 MAY 08	64116740	HMSHOST EDMONTON AIRPO EDMONTON ,AB	8.36 ✓
		./..	
		1170.08	

MCC 131153

P00000184/C00000931

280

Diners Club International

STATEMENT
APPLICANT COPY

Account No : 204480115 - ALLAUDIN MERALI

Statement Date: 03 JUN 08 Page 2

Posting Date	Reference No.	Description			Amount
15 MAY 08	64142393	UNITED DENVER ,CO UNITED STATES Net : 27.63 GST/HST : 2.06 Traveller : MERALI/ALLAIDIN Ticket no. : 016 4068924052 Date : 13 MAY 08 Routing/class: XAA/XAA Y Carrier : UA	USD	29.00	29.69
15 MAY 08	64142932	DNC THS-DENVER INT'L A DENVER ,CO UNITED STATES	USD	45.00	46.07
15 MAY 08	64141265	WOLF GANG PUCK EXPRESS DENVER ,CO UNITED STATES	USD	45.00	46.07
16 MAY 08	64155487	GRAB & GO A6 MCI Q63 KANSAS CITY ,MO UNITED STATES	USD	7.73	7.92
20 MAY 08	64212566	UNITED KANSAS CITY ,MO UNITED STATES Traveller : MERAIL/ALLAUDIN Ticket no. : 016 4066520360 Date : 14 MAY 08 Routing/class: XAA/XAA Y Carrier : UA	USD	29.00	29.68
20 MAY 08	64247006	UNITED VANCOUVER ,BC Traveller : MERALI/ALLAUDIN Ticket no. : 016 5685714997 7 Date : 14 MAY 08 Routing/class: MCI/DEN/YEG W W Carrier : UA/UA		to : 14 MAY 08	100.00
23 MAY 08	64555619	RSNA CONVENTION 800-424-5249 ,IL UNITED STATES	USD	920.00	926.68
26 MAY 08	64585944	WEBER MOTORS EDMONTON ,AB			210.00
26 MAY 08	64594158	UNITED VANCOUVER ,BC Traveller : MERALI/ALLAUDIN Ticket no. : 016 5685715087 7 Date : 14 JUN 08 Routing/class: YEG/SFO/SLC/YEG W W T Carrier : UA/UA/DL		to : 14 JUN 08	659.23
27 MAY 08	64697589	HOTEL MCDONALD F/B EDMONTON ,AB			80.00
		s.17(1), 17(4)(g)(i)			1,152.94
		BALANCE DUE Expenses in: Canada: 3,372.25 Foreign: 1,086.11 Net : 27.63 GST/HST : 2.06			7,046.42CR

Guidance for Approval of Invoice Payments – Excerpt from Delegations of Signing Authorities CAD 4.4.1

Note: Refer to CAD if payment is for Capital Equipment, Information Systems, Physicians or Community Contracted Agencies or Non Hospital Surgical Facilities

Authority Levels
Level 1 Board
Level 2 President
Level 3 Executive Vice President, Finance and Administration and CFO
Level 4 COO, VP, CIO, CPO, CLO, MOH (or equivalent approved by Level 3)
Level 5 SOO, Regional Director, Senior Director or equivalent
Level 6 Director or equivalent
Level 7 Manager or equivalent
Level 8 Coordinator, Supervisor or equivalent
Level 9 Business Support Directors/Assistant Directors

Decision/transaction	Authority Level	Limits (Cdn $)
Approval for invoice payments		
6(c) Payments for consulting and other service agreements **under contract**	• Level 2, Level 3	None
	• Level 3 and Level 4	$1,000,000
	• Level 4	$ 500,000
	• Level 5	$ 250,000
	• Level 6	$ 100,000
	• Level 7	$ 50,000
6(f) Items not requiring purchase order or contract • Cell Phone/Pager monthly charges • Catering/Events – including short term space rental and related items e.g. cleaning, set up, and sound/video equipment rental • Office water, coffee and related supplies • Hotel accommodations and car rentals • Petty cash reimbursements • Subscriptions, journals, periodicals • Course registration fees for Educational training, Seminars, web access registration, teleconferencing charges • Employee & Volunteer mileage & expenses • Permits & license fees, title searches, credit checks • Memberships, library books, preprinted educational materials • Freight charges, courier fees • Postage meter refills • Print, radio, television or internet advertising • Physician mileage & expenses • Utilities–see section 8 for signing authority levels • Honorariums • Sponsorships • Decorations and flowers • Authorized staff appreciation gifts under $200 (excluding-cash/near cash items) • Temporary staffing through staffing agencies • Emergency items and other reimbursements for personal property" • Accounts Receivable billing refunds, as per approval levels described in Section H – Financing and Investing/Patient Trust payments • Offsite file storage, locksmiths, waste removal and shredding • Emergency vehicle maintenance /towing for Capital Health vehicles • Language Interpretation services • Internet, super-net and similar services for CH employees to access CH network • Clinical Interpretation Fees e.g. ECG, EEG, etc where approved regional rates are being utilized • Emergency equipment maintenance under $1,000	• Level 2, Level 3	None
	• Level 4 with Level 3	$ 100,000
	• Level 4	$ 20,000
	• Level 5	$ 10,000
	• Level 6	$ 5,000
	• Level 7	$ 1,000
		No other payments without contracts or PO's will be allowed

APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAUDIN MERALI

Employee Number

Position EXEC. VP & CFO

Cost Centre 201 9000 71115 000006

Department

Bus. Phone 407-3652

Period from MAR 1/05 to MAR 31/05

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

62410 = 27.75 W
62414 = 95.86 N 1.40 W

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals				✓	
Registration Fees			125.01	✓	
Transportation (including parking)			~~124.95~~		
Other					
Mileage			✓ 120.05	W	
TOTAL			$	✓	$
Less Cash Advance				✓	
NET			$ 245.06		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Allaudin Merali Date Feb. 23/06

Approved by

Print Name SHEILA WEATHERILL Title CEO

Signature Sheila Weatherill Date March 2/06

Print Name Title

Signature Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

CH-0313 Sep 2004

SIDE 1 OF 2

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
May 1	Milage - Meeting HP						12
2	" " Minute Meeting						10
3	" " Consultant (Nurse)						12
7	" " OFG Group						5
8	" " M. Lowe				3.00 mileage		12
9	" " Clay				3.50		12
10	" " Lab Day						5
12	Boston - Elite Expert Panel						
15 16	-Airport Drop Off			95.86 m			60
	- Cakes / Meals			1.40 w	97.20		
	- Harper & Rede Vs						60
17	Calgary CPO Meeting						
	- Airport Drop Off						60
18	Weston CPO meeting						5
21	KEDC				12.00 w		12
22	Alta W Meeting				5.25 w		12
22	Milage Dinner Meeting						12
23	" - Epcor				2.00 w		12
28	" - Lunch Meeting Shantec						12
30	" - Courtesy Airport						12
	" - Dinner						6
29	"				2.00 w		12
	Total km						343
	@						$0.35 .33
TOTALS TO FRONT OF FORM					124.95 125.01		120.05

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
   - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capitel Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
4. **Hosting Expenses**
   Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

CH-0313 Sep 2004

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 92871
03/09/05 19:24 LN 2 AM 28 TxnA324221
03/09/05 17:52 In 03/09/05 19:24 Out
Tkt# 090856
Regular Rate $ 3.27
Total Tax $ 0.23
Total Fee $ 3.50
CASH PAID $ 3.50-
Cash Tender $ 5.00
Change Due $ 1.50
THANK YOU
COME AGAIN

APPLICANT COPY

Mar 13/16 Boston

Canada - Mar 17 - B'Fast add. 1.40

U.S.

Cabs
27.00
20.00
20.00 67.00

Breakfast etc
3.13
4.28
2.28 9.69

76.69

@ $1.25

95.86

1.40 w

97.26

APPLICANT COPY
Best Copy Possible

Welcome To
TOAST CAFE & BAR
S.S.T. R100803717

THANKS FOR STOPPING
PLEASE COME AND SEE
US AGAIN SOON

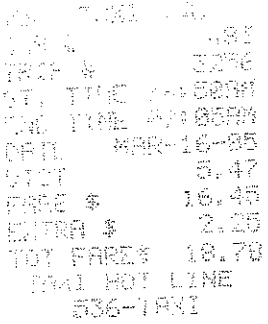
TAX 1.32

SUBTOTAL 11.01
TAXTOTAL 0.09

TOTAL $11.40
CASH 5.00
CHANGE 5.60

T-10 0/A
1550 >OBIN
J 06 '00 30:

Best Available Copy



+ T.P +2.0

APPLICANT COPY

Driver#_____ Cab#_____

To:_____

From:_____

Date:_____ Amount:$ 27—

CAB # 1122
ORU-BELL INC
[illegible]
OCT 14 '95 06:05
TRIP # 14487
DIST 5.58 mi
FARE $ 16.15
EXTRAS $ 2.25
TOTAL $ 18.40
BOSTON CAB ASSOC
[illegible]

+TIP

$ 20.00

PANDA EXPRESS
PRUDENTIAL CENTER
SURVEY #010*[illegible]

2 BOTL WATER

TAX
TOTL
CASH
WE'D LIKE YOUR COMMENTS
CONTACT PANDA AT 800-[illegible]
WE DO CATERING
MCHARD
#1[illegible] IN
[illegible]

Au Bon Pain
Hynes

Office Catering Specialists 800-766-4227

STORE #41

QUESTIONS - CONCERNS?
Call Us at 1-800-ALK-ABP
Visit us at our web site:
http://WWW.AUBONPAIN.COM

Ticket #36

2005-03-15 10:11 AM
41 7 141 36

Lg. Orange Juice s	2.59
Poland Springs 16 oz	1.49
TO GO	4.08
Tax	.20
Amount Due	4.28
[illegible]	4.28
Change	.00

Au Bon Pain
Hynes

Office Catering Specialists 800-766-4227

STORE #41

QUESTIONS - CONCERNS?
Call Us at 1-800-ALK-ABP
Visit us at our web site:
http://WWW.AUBONPAIN.COM

Ticket #74

2005-03-15 9:43 AM
41 4 128 74

Cinnamon Bagel	.89
TOASTED	
Strawberry Jam	
Hot Tea	1.29
TO GO	2.18
Tax	.10
Amount Due	2.28
$10 CASH	10.00
Change	7.72

APPLICANT COPY

Mar 21

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119526270 RT0001

Rcpt# 94593
03/21/05 13:53 LH 2 AM 40 Txn#329279
03/21/05 09:31 In 03/21/05 13:53 Out
Tkt# 097418

Regular Rate	$	11.21
Total Tax	$	0.79
Total Fee	$	12.00
CASH PAID	$	12.00-
Cash Tender	$	20.00
Change Due	$	8.00

THANK YOU
COME AGAIN

Best Copy Possible

Grant MacEwan C.C.
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Transaction Date: 23/05/2008 10:20:59
Debit/Cash $5.25
Amount Given $5.25
Change $0.00
TOTAL: $5.25

Thank You, Have a nice day!

Mar 23/05

Best Copy Possible

075401

IMPARK

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

OUT:

IN:

AMOUNT:

READ CONDITIONS CAREFULLY
• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

IMPARK

RECEIPT OR VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

075401

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

05MAR29 21:04 019 002
05MAR29 18:37 01
/ 2:27 #116571

S004113304

RATE	2.00
TOTAL	2.00
Cash	2.00

GST #897727657RT
Have a Nice Day

APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAUDIN MERALI

Employee Number

Position EXEC. VP & CFO

Cost Centre 201 9000 7111S000006

Department

Bus. Phone 407-3652

Period from APR 1/05 to APR 30/05

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			3.48		W
Registration Fees		✓	342.00		n/a
Transportation (including parking)			50.50		W
Other					
Mileage					
TOTAL			$ 105.70		$
Less Cash Advance					
NET			$ 501.76		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Allaudin Merali Date Feb. 23/06

Approved by

Print Name SHEILA WEATHERILL Title CEO

Signature Sheila Weatherill Date March 2/06

Print Name Title

Signature Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
Apr 2	Grant McEwan - Parking (no receipt)				10.00		12
6	Long Service Awards B'Fast				4.50		12
7	Dinner - ~~mileage parking~~				~~2.00~~		10
8	"				2.00		10
10	Conference Victoria - Airport drop off		3.48				60
13	" Pick up		B/Fast				60
13	IBM Reception				4.50		12
14	Carston A&F						12
19	Institute of CA. Membership					342.08	
19	Board Stakeholder Lunch.						12
19	Dinner Meeting						12
20	Breakfast Meeting Ingress Ave				4.50		12
21	Dinner Meeting						6
22	Meeting Edmonton				7.50		12
25	Finance Group Meeting						12
27	Carston A&F + Cash parking						12
28	Dinner - Cafe Caboose				10.00		12
29	" Fujiko Group				6.00		12
	Total km						300
	@						$0.35
TOTALS TO FRONT OF FORM			3.48		50.50	342.08	105.70

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
   - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
4. **Hosting Expenses**
   Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

CH-0313 Sep 2004

APPLICANT COPY

TELUS PARKADE
GST INC. R#122388333

05APR06 09:27 001 001
05APR06 08:14 01
/ 1:13 #101052
=01004002

RATE 1	$4.50
TOTAL	$4.50
CASH	$4.50

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rept# 1670
04/06/05 22:10 Ln 1 A# 36 Txn# 12488
04/06/05 17:48 In 04/06/05 22:10 Out
Tkt# 104084

Regular Rate	$	3.27
Total Tax	$	0.23
Total Fee	$	3.50
CASH PAID	$	3.50-
Cash Tender	$	5.00
Change Due	$	1.50

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 97035
04/13/05 18:48 Ln 2 Am 12 Txn#337951
04/13/05 17:28 In 04/13/05 18:48 Out
Tkt# 107743

Regular Rate	$	4.21
Total Tax	$	0.29
Total Fee	$	4.50
CASH PAID	$	4.50-
Cash Tender	$	5.00
Change Due	$	0.50

THANK YOU
COME AGAIN

APPLICANT COPY

AIR SIDE CAFE
VICTORIA
INTERNATIONAL
AIRPORT
GST# 887796262

APR13/2005
TALL TAZO TEA 1.40
AQUAFINA 1.85
SUBTL 3.48
GST .23
DUE AMOUNT 3.48
CASH 10.00
CHNGE 6.52
05:10R
CASHIER NAME 01

APPLICANT COPY

Membership for Institute of C.A. in England & Wales

We acknowledge receipt of £140. @ 0.40926 = $342.08
Cheque Number / Card ref: s45006000.

Membership No:6831023 REC000400432

Mr A S MERALI FCA

s.17(1), 17(4)(g)(i)

Date Received: 19/04/2005

Gloucester House 399 Silbury Boulevard Milton Keynes MK9 2HL
Tel 01908 248100 Fax 01908 691165 DX 31427 Milton Keynes www.icaew.co.uk

APPLICANT COPY

TELUS PARKADE
GST INC. R#122388333

05APR20 08:48 001 001
05APR20 07:18 01
/ 1:30 #102141
=01005287

RATE 1	$4.50
TOTAL	$4.50
CASH	$4.50

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

RcptN 2314
04/22/05 15:37 LN 1 AN 35 TxnN 17430
04/22/05 13:05 In 04/22/05 15:37 Out
Tkt# 112797

Regular Rate	$	7.01
Total Tax	$	0.49
Total Fee	$	7.50
CASH PAID	$	7.50-
Cash Tender	$	20.00
Change Due	$	12.50

THANK YOU
COME AGAIN

APPLICANT COPY

Ap 28

Thank You For
Parking At Commerce
Place Parkade

05APR28 15:48 019 002
05APR28 13:55 01
/ 1:53 #125490

80043713351

RATE	6.00
TOTAL	6.00
Cash	20.00
CHANGE	14.00

GST #897727[illegible]T
Have a Nice Day

APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAUDIN MCRAE

Employee Number

Position Exec. VP & CFO

Cost Centre 201 9000 7111S000006

Department

Bus. Phone 407-3652

Period from May 1/05 to MAY 31/05

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals					
Registration Fees	TAXI = 7.00 U				
Transportation (including parking)	6241U - 190.41		197.41		
Other					
Mileage		20¢/KM	~~204.30~~	W	
TOTAL			$ 209.30		$
Less Cash Advance					
NET			$ 406.71		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Allaudin Mcrae Date Feb 23/06

Approved by

Print Name SHEILA WEATHERILL Title CEO

Signature Sheila Weatherill Date March 2/06

Print Name Title

Signature Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
May 3	Cabs Calgary				7.00		
3	Airport Drop Off } Elmo						60
5	" Pick Up						60
9	Dinner with Att(s)						12
10	Airport - to Ottawa - Drop Off			meter	1.00		60
11	" from " Pick Up						60
13	" to Yorkrope - Drop Off						60
13	V.C. Cabs / Other				159.41		
20	Airport - pick up from Europe						60
25	Sprucegrove Public Board Meeting						100
26	Dinner Mileage						6
29	Airport - Vancouver						60
	" Van car → Hertz Cdn				30.00		
3	" - pick up Van car						60
	Total km						598
	@						$0.35
TOTALS TO FRONT OF FORM					197.41		209.30

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
   - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
4. **Hosting Expenses**
   Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

APPLICANT COPY

Driver # 3638 Car # 915

To:

From:

Date: 3 May 05 Amount: 7~

GST# 887946425

APPLICANT COPY

O.K

425-427 Oxford Street #17233
425-427 Oxford Street

London, W1C 2PJ
02074911934

VAT NUMBER 651 4463 45

Eat In

PTR:3023 Drawer: 1003 REG: 1

15/05/05 16:05:12

1 Tazo Tea Tall	1.25 T1
1 SCONE, JUMBO RAISIN	1.60 T1
Total	2.85
T1,T3 Sales incl. Tax @17.5%	2.85
Total Tax	0.42
Cash	5.00
Change Due	2.15

834595

Thank You for Visiting
Starbucks

£

Sat

Water bottles (3) 2.97

Sun

2.97

Breakfast 4.50

2.85

Cabs (attached) 13.00

27.00

12.0

~~Books (Honeymoon) Receipt 21.72~~

65.29

2 4416

$ 159.41

APPLICANT COPY

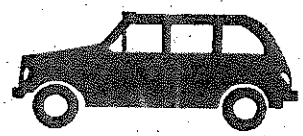
LICENSED TAXI RECEIPT

Date 15/5/05 £ 13

Signed

IT'S A PLEASURE DOING BUSINESS
www.southwestengland.co.uk
South West England

LONDON TAXI CABS RECEIPT



ALWAYS USE A LICENSED CAB

AMOUNT: £ 27:00p

DATE:

RECEIVED WITH THANKS

SIGNATURE:

LICENSED TAXI RECEIPT

Date £ 12

Signed

IT'S A PLEASURE DOING BUSINESS
www.southwestengland.co.uk
South West England

APPLICANT COPY

Est Presso
Consessions Connections
Terminal 1 Airside
Heathrow TW6 1QE

The Restaurant Group
VAT NO:340 377 862
FADI 18/05/05 06:26

Till 2 Sale 220580

1 English Breakfast Tea	1.40*
1 Still Water 1Btl	1.10*
1 Croissant	1.40*
TOTAL	3.90
CASH	4.00
CHANGE	0.10
* V.A.T.	0.58

Tel: 0208 990 9278
Fax: 0208[illegible]

May 29

Airport | Hotel

Cash Receipt
SUNSHINE CABS LTD.
260 Riverside Drive
North Vancouver, B.C. V7H 2M2

Date MAY 29 2005

$ 30 —

GST INCLUDED #R105077580

From YVR

To Four Seasons

Driver TARLO Cab No. 026

987-3333 N. VAN | 988-8888 | 922-333 W. VAN

Thank You for Thinking Sunshine

APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAN MCGRATH

Employee Number

Position EXEC. VP & CFO

Cost Centre 201 9000 7111 5000006

Department

Bus. Phone 407-3652

Period from June 1/05 to June 30/05

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			45.00		—
Registration Fees					
Transportation (including parking)			103.50		W
Other					
Mileage			142.12 ~~130.90~~		
TOTAL			$		$
Less Cash Advance			290.62		
NET			$ ~~279.40~~		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Allan McGrath Date Feb 23/05

Approved by

Print Name SHEILA WEATHERILL Title CEO

Signature Sheila Weatherill Date March 2/06

Print Name Title

Signature Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
Jan 1	Mileage Lions meeting - Pick up Hyssop - area						12
2	" "				2		12
3	" Hotel Mc Cid. Cottage				10 cash		12
6	" Aff & (a)			✓	3.50		12
7	Cubs			✓	31.00		
8				✓	31.00		
9	Mileage EAOC			✓	10.50		12
13	Dinner Mileage						12
14	Mileage - CEO Meeting near Airport						60
15	" Dinner				2.00		12
16	" " with A.I.						20
21	" Edmonton Regional Parks						30
22	" Dinner IDX						12
23	" " Telus						12
24	" meeting with Kearney + Driver		45.00				60
27	" Aff & (a)			✓	10.50		12
28	" Fuji Fun						6
	" AT B			✓	9.00		12
25	" Dinner						6
	I.S. BBQ						60
	Total km						374
	@						$0.35
TOTALS TO FRONT OF FORM			45.00		103.50		130.90

38

142.12

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
   - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
4. **Hosting Expenses**
   Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

CH-0313 Sep 2004

APPLICANT COPY

TELUS PARKADE
GST INC. RM122388333

05JUN06 18:49 001 001
05JUN06 17:34 01
/ 1.15 #106000
=01009814
RATE 1 $3.50
TOTAL $3.50
CASH $3.50

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

RECEIPT / REÇU

Amount/Montant: $ 31.00 Date: 7-6-05

From/De: AIRPORT

Taxi#: 2 Driver/Chauffeur: C

Thank you / Merci

APPLICANT COPY

BLUELINE RECEIPT FOR CAB FARE

Amount $31 Date 08/06/05

From

To Airport

Cab No Driver S.A

G.S.T. Included in meter fare

VISA MasterCard AMERICAN EXPRESS Diners Club International

APPLICANT COPY

TELUS PARKADE
GST INC. RW122388333

05JUN09 10:42 001 001
05JUN09 07:28 01
/ 3:14 #106225
=01010092

RATE 1	$10.50
TOTAL	$10.50
CASH	$10.50

MANAGED BY
IMPERIAL PARKING

TELUS PARKADE
GST INC. RM122388333

05JUN24 13:03 001 001
05JUN24 09:30 01
/ 3:53 M107583
==01011690
RATE 1 $10.50
TOTAL $10.50
CASH $10.50

[illegible]
[illegible]

APPLICANT COPY

CITY OF ORLANDO
LIBRARY PARKING
CST # 11632070 070001

Appl# 2493
06/28/05 13:29 1 # 2 AM 28 TAX# 8505
06/28/05 13:36 TO 06/28/05 13:29 DAY
TAX# 1677202
Regular Rate $ 3.00
Total Fee $ 3.00
DASH PMTD $ 3.00-
Cash Tender $ 5.00
Change Due $ 2.00
THANK YOU
COME AGAIN

APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAWOIN MERALI

Employee Number

Position EXEC VP & CFO

Cost Centre 201 9000 7111500000 6

Department

Bus. Phone

Period from July 1/05 to July 31/05

Expenses Paid *(Please attach receipts).* Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			7.05		W
Registration Fees					
Transportation (including parking)			14.25		W
Other					
Mileage			108.30 ~~99.75~~		
TOTAL			$		$
Less Cash Advance			129.60		
NET			$ ~~121.05~~		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Allawoin Merali Date Oct 20/05

Approved by

Print Name SHEILA WEATHERILL Title CEO

Signature Sheila Weatherill Date March 2/06

Print Name Title

Signature Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
July 5	Bkfst Mtg - Union Bank Inn + retau						14
	Parking				✓	5.25	
	Year End Function - Faculty Club						3
July 6	Mtg Govt & Royal Glenora Rest.						0
6	Drop off - Calgary - Airport						60
11	Drop off - Calgary - Airport						60
13	Drop off Airport - Victoria						60
13	Beverage - Vancouver	✓	5.07	w			
15	Breakfast - Victoria	✓	1.98	✓			
15	Pickup - Victoria Airport						60
19	Dinner Mtg - Jacks Grill (M. Haley)						10
21	Dinner Mtg - Legends (Govt. Bldgs)						10
25	Parking - Northlands (Coach - No rec)				✓	5.00	
18	Parking				✓	4.00	
	Total km						285
	@						$0.35 ~~$0.33~~ .34
TOTALS TO FRONT OF FORM			7.05			14.25	99.75

108.30

EXPENSE LIMITS

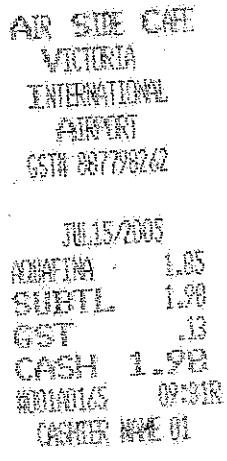
1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
   - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
4. **Hosting Expenses**
   Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

CH-0313 Sep 2004

APPLICANT COPY

Best Copy Possible


AIR SIDE CAFE
VICTORIA
INTERNATIONAL
AIRPORT
GSTN 887708262

JUL15/2005
ROMETINA 1.85
SUBTL 1.20
GST .13
CASH 1.98
MOUNTAIN 09:31R
CASHIER NAME 01

APPLICANT COPY

Name _____

Amount Pd: 40.00

Licence _____ Prov. _____

Make _____ Color _____

Date _____

№ 90412

APPLICANT COPY

APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAUDIN MERALY

Employee Number _____

Position _____

Cost Centre 201 9000 7111 5000006

Department _____

Bus. Phone _____

Period from AUG. 1/05 to AUG 31/05

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals					
Registration Fees					
Transportation (including parking)					
Other ✓			✓ 23.50		✓
Mileage			~~38.50~~		
TOTAL			$ 34.96		$
Less Cash Advance			✓ 58.46		
NET			$ ~~55.10~~		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature _____ Date _____

Approved by

Print Name SHEILA WEATHERILL Title CEO

Signature _____ Date March 2/06

Print Name _____ Title _____

Signature _____ Date _____

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

SIDE 1 OF 2

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
Aug 3	Mtg re Plan Lab at A Hnd						12
	Parking					6.00	
8	Dinner Chiasso DMGroup Harbourside Grill						12
	Meter parking (cash)					$1.00	
9	Dinner Mtg Courtyard Group (Chiasso)						12
10	Dinner Mtg Fujitsu Jacks Grill						10
11	Dinner mtg Dr. Greenwood, Colleen, Gord K (Chiasso)						10
22	Dinner Mtg ORION Hardware Grill						12
	meter parking (cash)					1.00	
25	Parking - lunch mtg - Hotel Rec.					5.00	
29	Mtg A Hnd W re retention						12
	Parking					6.00	
29	Parking - meter (cash) Dinner mtg					1.00	
30	Dinner mtg Convention - Oracle						12
	Parking -					3.50	
	Total km						92
	@						~~$0.35~~ .38
TOTALS TO FRONT OF FORM						23.50	~~32.30~~ 34.96

EXPENSE LIMITS

1. **Meal Allowances**
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   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
   - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
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   Travel advance may be requested provided travel expenses are likely to exceed $500.
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APPLICANT COPY

328

TELUS PARKADE
GST INC. R#122368233

05AUG03 12:12 001 001
05AUG03 10:22 01
/ 1:50 #110505
==01015249
RATE 1 $6.00
TOTAL $6.00
CASH $6.00

MANAGED BY
IMPERIAL PARKING

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 7895
08/30/05 19:57 LN 2 A# 36 Txn# 29515
08/30/05 17:31 In 08/30/05 19:57 Out
Tkt# 177583

Regular Rate	$	3.27
Total Tax	$	0.23
Total Fee	$	3.50
CASH PAID	$	3.50-
Cash Tender	$	20.00
Change Due	$	16.50

THANK YOU
COME AGAIN

APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAUDIN MERALI

Employee Number

Position EXEC. VP & CFO

Cost Centre 201 9000 7111 5000006

Department

Bus. Phone

Period from SEPT. 1/05 to SEPT 30/05

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

41090 = 12.84
62403 = 55.00

62414 = ~~67.84~~ 61.55

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals			7.56	W	
Registration Fees					
Transportation (including parking)	51.16	1.203	(61.55) ~~67.84~~ 61.55		
Other 69500	10.00	1.203	12.03		
Mileage			~~75.28~~	81.70	✓
TOTAL			$ ~~224.23~~		$
Less Cash Advance				230.68	✓
NET			$ ~~224.23~~		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Allaudin Merali Date Oct. 20/05

Approved by

Print Name SHEILA WEATHERILL Title CEO

Signature Sheila Weatherill Date March 2/06

Print Name Title

Signature Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
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CH-0313 Sep 2004

SIDE 1 OF 2

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
Sept 1/05	Parking - CHC					4.00	
	Dinner mtg - Hotel Mac						12
	Parking (Cash - No rec)					10.00	
2	Mtg - CHC - Gauvreau						10
	parking						
6	Caritas EGH - Ad F						10
7	EEOC Audit Comm - World Trade Centre						12
	Parking					7.50	
7	Farewell - Leslie Beard - Mayfair						10
8	Airport Drop off - Medicine Wisconsin				$51.16 US		
	Pick up - Madison - Hotel + coffee	$2.16 Can					
12	Dinner mtg - Philips - Le Spiga						12
13	Recep. U. of A. Physics Lab Bldg.						3
14	Dinner - Hardware Grill - Allow						12
	Parking - meter					2.00	
15	EEOC Board mtg						12
	Parking					7.50	
16	Dinner Mtg - S. Jones						6
18	Ink - Premier Dominion Stores					12.84	
	meter parking					1.00	
19	Dinner mtg - Aeroden - Muriettes						6
20	CFO mtg - Allow						12
	Parking					14.00	
20	Dinner mtg - Jacks grill (Dr Greenwood Garden)						10
25	IDX Conf - Bags (Trip) Cash					3.00	
28	Lunch - Exites Board						10
22	Lunch - Calgary Airport		7.56				
	meter parking (cash)					3.00	
	Dinner - Ralph Pagan (Muriettes)						6
	meter parking					1.00	
29	Dinner Courtyard Group Sorrentinos						12
	parking					2.00	
30	Airport Drop off						60
22-25	Trips - US Total km Cash					10.00 US	215
	@					10.00	$0.35
TOTALS TO FRONT OF FORM							75.20

.38

80.70

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
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   - Use of personal automobile -- From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
4. **Hosting Expenses**
   Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

CH-0313 Sep 2004

SIDE 2 OF 2

APPLICANT COPY Sub 1105

Name _____

Amount Pd: _____ 50

SEP 01 2004

Licence _____ Prov. _____

Make _____ Colour 12:25

Date _____

$4

№ 94383

Sept 1 05

Parking at Hotel MacDonald

Cash at door $10

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Kcrt# 9662
09/15/05 09:38 L# 2 A# 40 Txn# 34302
09/15/05 07:18 In 09/15/05 09:38 Out
Tkt# 182574

Regular Rate	$	7.01
Total Tax	$	0.49
Total Fee	$	7.50
CASH PAID	$	7.50-
Cash Tender	$	10.00
Change Due	$	2.50

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119328270 RT0001

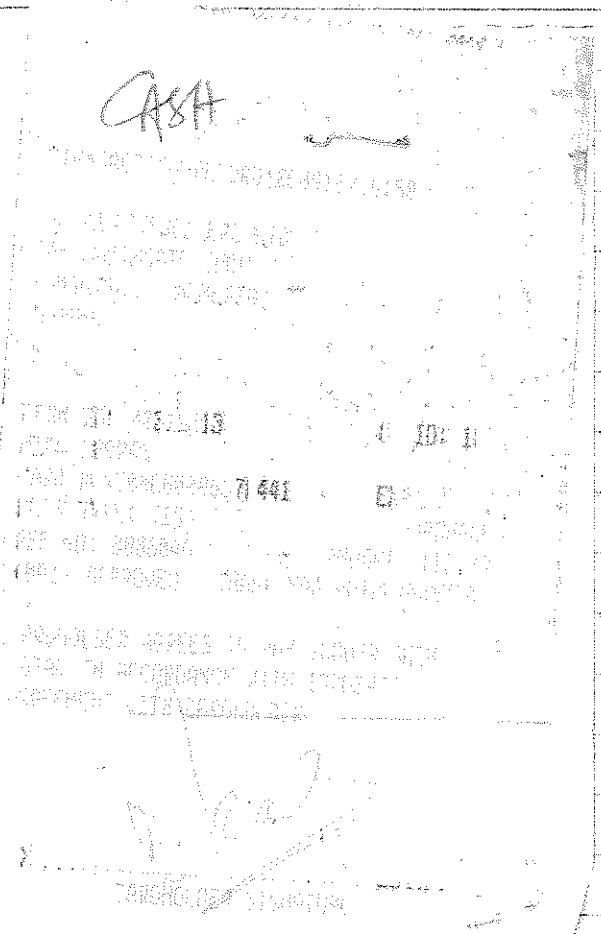
Rcpt# 8552
09/07/05 09:48 L# 2 A# 39 Txn# 3149
09/07/05 07:40 In 09/07/05 09:48 Out
Tkt# 180021

Regular Rate	$	7.01
Total Tax	$	0.49
Total Fee	$	7.50
CASH PAID	$	7.50-
Cash Tender	$	20.00
Change Due	$	12.50

THANK YOU
COME AGAIN

APPLICANT COPY

Best Copy Possible



Merchandise must be returned within
14 days for exchange or credit note.

Thanks for shopping at Premier Jewell

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119324270 RT0001

Rcpt# 4399
09/29/05 22:19 LN 1 AM 36 Txn# 32176
09/29/05 18:36 In 09/29/05 22:19 Out
Tkt# 190185

Regular Rate	$	1.87
Total Tax	$	0.13
Total Fee	$	2.00
CASH PAID	$	2.00-
Cash Tender	$	2.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

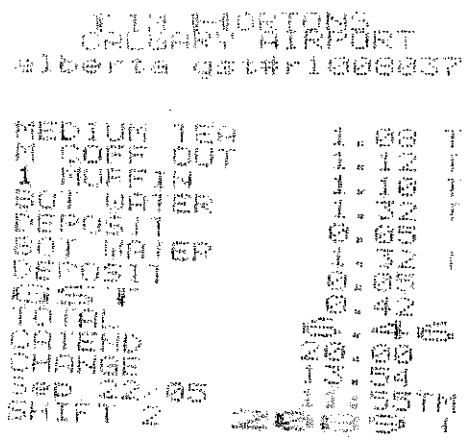
TELUS PARKADE
GST INC. R#122388333

05SEP20 12:45 001 001
05SEP20 07:51
/ 4:54 #115076

RATE 1	$14.00
TOTAL	$14.00
CASH	$14.00

MANAGED BY
IMPERIAL PARKING

Sept 22/05



6.46
+1.10
7.56

US $

Tips - Sept 22 $5

- Sept 25 $5

US $10

SEA 8 to 9

U.S.

Cans 18

" 31

Other 2.16

51.16

APPLICANT COPY

MADISON TAXI 24 HOUR
TRANSPORTATION SERVICES
PASSENGER ■ DELIVERY ■ CHARTER

1403 Gilson St.
Madison, WI 53715
Telephone: (608) 255-8294
Fax: (608) 258-7447

Date: 9-8-05 Amount: 18.00

Driver: J Reed Taxi No: 25

From: Airv To: Hilton

MADISON TAXI 24 HOUR
TRANSPORTATION SERVICES
PASSENGER ■ DELIVERY ■ CHARTER

1403 Gilson St.
Madison, WI 53715
Telephone: (608) 255-8294
Fax: (608) 258-7447

Date: 9-10-05 Amount: 31.00

Driver: _____ Taxi No: 116

From: _____ To: _____

CA ONE SERVICES INC.
* Denver International Airport *
** Mile High Grille **

1031 DAWN W

626 SEP09'05 5:02PM

To Go

1 Btl Water	2.00
Subtotal	2.00
Total Tax	0.16

APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAUDIN MERALI

Employee Number

Position EXEC VP & CFO

Cost Centre 201 9000 7111 5000006

Department FINANCE & ADMIN.

Bus. Phone 407-3652

Period from Oct. 1/05 to Oct. 31/05

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

62410 = 30.75
62414 = 323.41

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals 69600			8.50		
Registration Fees			62414		
Transportation (including parking)	US 103	1.1775	121.28 + 60.75 = 182.03		
Other	$123	1.31.81=	162.13 + 10.00 = 172.13		
Mileage			~~95.40~~	107.92	
TOTAL			$ 462.96		$
Less Cash Advance					
NET			$ 462.96		470.58

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Allaudin Merali Date Dec. 7/05

Approved by

Print Name SHEILA WEATHERILL Title CEO.

Signature Sheila Weatherill Date March 2/06

Print Name Title

Signature Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

CH-0313 Sep 2004

SIDE 1 OF 2

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
Oct/05	PUB - IRELAND						
	SNACKS/DRINKS - Canadian TEAM		NO				
Oct 2/05	" "		receipts			ISSUED	
	BAG - TIP					35 "	@ 162.13 Can
Oct 3/05	DUBLIN - HOTEL - AIRPORT - cab					3 "	rate
						30 "	= 1.3181
Oct. 10	- Tip - Toronto - Bags					$5.00	no receipt
Oct. 11	Cabs - Toronto				✓ 10.00		
	"			62419	✓ 10.00		
Oct 12	"				✓ 10.00		
	Coffee - Toronto - no receipt		$8.50				
12	Bags - Tip						
12	Airport - Edmonton - Home					5.00	
Oct 15	Parking						60
Oct 17	Rhfamd. parking				✓ 1.25		
	to Sutton Place CHA				✓ 4.50		
Oct 18	Rhfamd mtg - parking no rec. -						14
	to Hotel Mont Peton				✓ 5.00		
Oct 19	Quinn Mtg - Kananaskis						14
Oct 20	Airport - Edmonton - Calgary						12
Oct 21	Cab - Calgary						60
Oct 23	Airport - Edm. - Calgary				✓ 10.00		
Oct 23-25	- Cleveland						60
	Cabs			US	38.00	rate	
					30.00	1.1776	
					16.00		
					14.00		
	Bags - storage				5.00		
					@ 121.28 Can		
Oct 25	Pickup - Airport - Home						50
Oct 31	- Mtg - AH				✓ 10.00	✓	14
	Total km						284
	@						$0.35
TOTALS TO FRONT OF FORM			8.50		182.03	172.13	99.40

107.92

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
   - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
4. **Hosting Expenses**
   Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

CH-0313 Sep 2004

Ireland

Sat
Oct 1/05 - Pub snacks/drinks for Canadian Team

- no receipts € 55

Sun
Oct 2/05 - " 35

- Bag - T.P 3

Euro 93

Converted rate (D)

Oct 5/05

Cab Dublin Hotel → Airport € 30.00

Comosin

APPLICANT COPY

BEWARE...
If it does not have a roof sign,
It's not an OFFICIAL TAXI

TAXIS

OFFICIAL RECEIPT

Date: _____

Received from Mennons

the sum of _____

in respect of Amount

€30 | 00

Signed C C

APPLICANT COPY

October 10, 2005

Monday

October 2005

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2005

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

7 am

8 00 Toronto

Stat

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00

5 00

6 00

TaskPad

TaskPad

Notes

Toronto

bags tip $5

Oct 11 & 12

RECEIPT

Cab No. A1087 G.S.T.#_____

From_____

To_____

Date_____ Amount 10.00

Signature_____

APPLICANT COPY

Date Oct. 11/05 Cab # _____

Amount $ 10.00 GST# _____

From Univ/College

To Ryerson.

Signature _____

The driver is an independent Contractor, any GST input credit may be claimed as "notional" or applied to the driver's GST registered number, not Imperial Taxi.

FARE #:_____ DATE: 11-10-05

CAB NO.: A216 AMOUNT $: 10.00

DRIVER'S NAME: 05046

FROM:_____

TO:_____

NOTE: AMOUNT SHOWN ABOVE INCLUDES G.S.T.

Driver is an Independent Contractor, any G.S.T Input Credit may be claimed as "NOTIONAL" or applied to DRIVER'S Registration Number, not CO-OP CABS.

Driver's G.S.T # (if applicable)

RECEIPT

APPLICANT COPY

October 12, 2005

Wednesday

October 2005

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2005

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Non-Responsive

7 am

Non-Responsive

8 00

9 00 Meet with Trevor Hodge, Infoway, 150 King Street, Suite 1300 (Jocelyn 416-595-3443

10 00

11 00

12 pm 12:00 Lunch with Graham Scott Chair, CIHI (Ellen - 416-865-7917) at the Albany Club, 91 King Street East (Phone: 416-364-5471)

1 00

2 00

3 00

4 00 Return from Toronto Depart Toronto AC 157 4:15 pm Arrive Edmonton 6:17 pm

5 00

6 00

TaskPad

TaskPad

Tim Horton - Donna me $8.50 (no receipt)

Notes

Bags T.P $5 Cash

Airport P:dc Up Milage

Oct 15/05 Cash Parking

UNIVERSITY OF ALBERTA
HOSPITAL 114 St.
THANK YOU FOR PARKING

Rcpt#212881
10/15/05 17:00 LN 1 AN 6 Txn#956471
10/15/05 16:37 In 10/15/05 17:00 Out
Tkt# 427028

Daily Rate	$ 1.25
Total Fee	$ 1.25
CASH PAID	$ 1.25-
Cash Tender	$ 1.25
Change Due	$ 0.00

APPLICANT COPY



APPLICANT COPY

October 18, 2005

Tuesday

October 2005

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2005

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Non-Responsive

7 am

Breakfast with Michael Green, Agfa (I will make a reservation at Harvest Room, Fairmont MacDonald)

8 00

9 00

10 00

Non-Responsive

11 00

12 pm

1 00

2 00

Non-Responsive

3 00

Non-Responsive

4 00

Non-Responsive

5 00

6 00

TaskPad

TaskPad

Breakfast

Milage

Cash parking 15

Non-Responsive

Notes

APPLICANT COPY

October 20, 2005

Thursday

October 2005

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2005

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Non-Responsive

TaskPad

TaskPad

Non-Responsive

7 am

8 00

9 00

10 00

11 00

12 pm

1 00 Travel to Calgary Depat Edmonton AC 8148 3:00 pm Arrive Calgary 3:54 pm - Booed at Fairmont Palliser ($199 but you will need to show ID to receive this rate) - Pick up at the airport by Ben - Limo Jet - 403-689-3890

2 00

3 00

4 00

5 00

6 00

Non-Responsive

Notes

Drop off

APPLICANT COPY

October 21, 2005

Friday

October 2005

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2005

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

7 am

8 00 Non-Responsive

Halifax 5 - Advancing the Culture of Safety
Calgary Hotel booked - Paliser

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00 Non-Responsive

5 00 Non-Responsive

6 00

TaskPad

TaskPad

Cab

Cab $10 see attached

Notes

Oct 21 Cash Cab

APPLICANT COPY

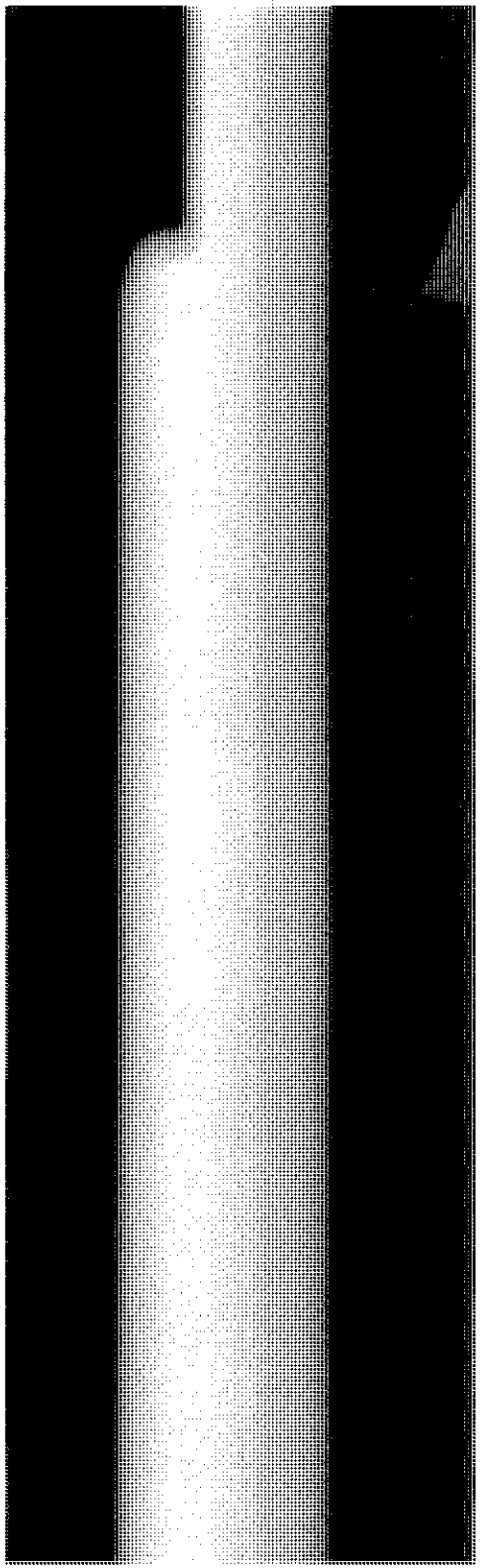
Driver # _____ Car # 749

To: _____

From: _____

Date: 21 Oct. 05 Amount: $ 10.00

GST# _____



APPLICANT COPY

Ace Taxi Service Travel Voucher

In Cleveland call (216) 361-4700
Nationwide call 1-800-TAXICAB (1-800-829-4222)

Date _____ Account Number _____

My pre-paid and/or pre-arranged transportation $ 16
(accounts only, for PPV runs leave blank)

From _____

Ace Taxi Service Travel

In Cleveland call (216) 36
Nationwide call 1-800-TAXICAB (1

Date _____ Account Numb

Thank You for Choosing

FIVE STAR LIMOUSINE SERVIC

To Reserve A Limousine

CALL 216-577-4730

(Please Call In Advance)



Passenger _____ $ 38

Fare From _____ Date _____

To _____ Time _____

Driver _____ Tip _____

Total _____

We Appreciate Your Business

ABC TAXI RECEIPT
Cleveland, Ohio
216-651-7777

Date: _____, 200__

Cabs

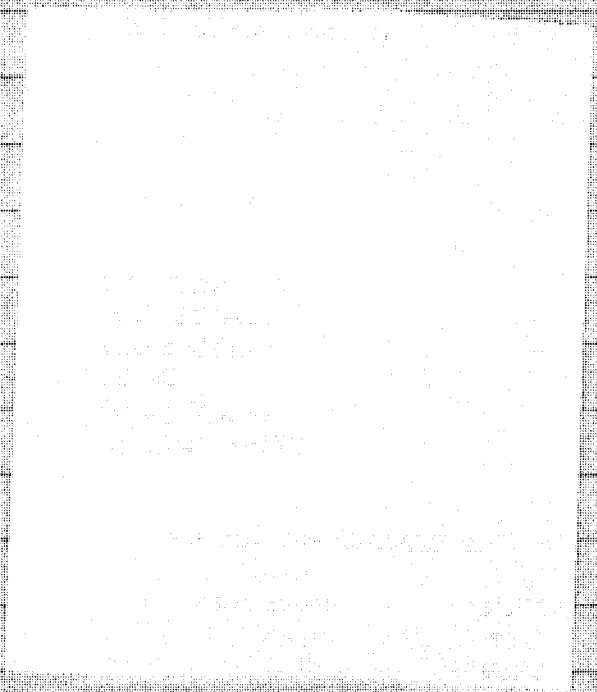
US$

Oct 23 to 25

Cleveland

Costs		
-Cabs	38	to/from Cleveland Airport
"	30	
"	16	to Cleveland Clinic 2 days from Hotel
"	14	

Best Copy Possible



STARWOOD PREFERRED GUEST

APPLICANT COPY

YELLOW CAB

ADMIN: 465-8500
FAX: 462-2722

10135-31 Avenue
Edmonton, AB T6N 1C2

462-3456

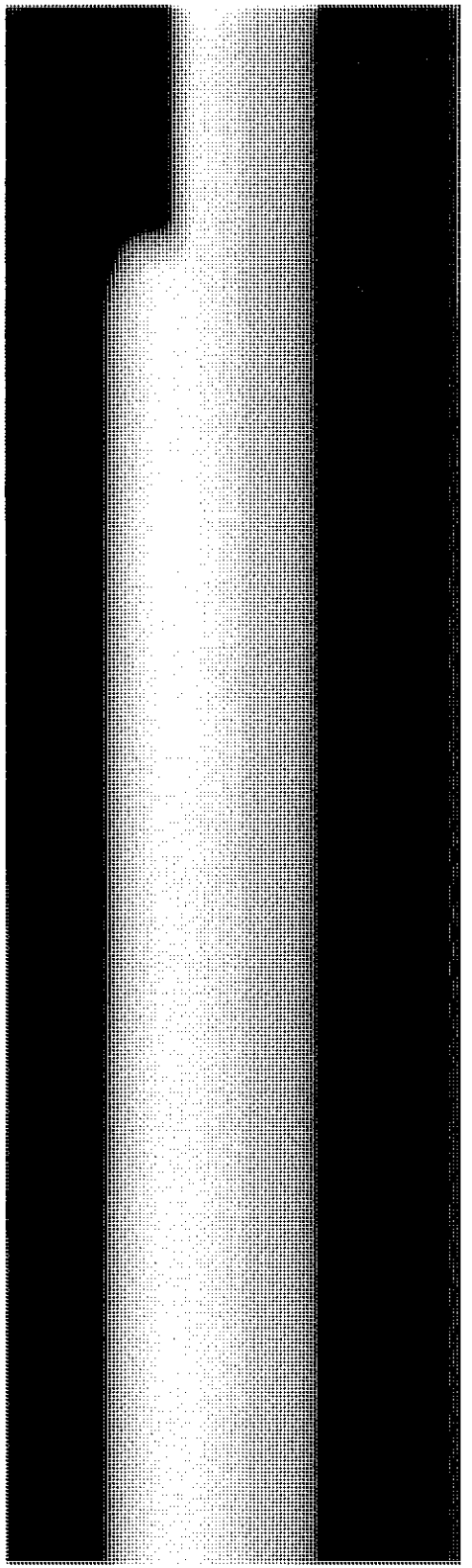
THANK YOU/MERCI

Date 24/11/5 Amount/Montant $ 45.00 Car/Voiture # 403

Driver/Chauffeur: [illegible] GST# _____

From/De: _____ To/A: _____

VISA enRoute



APPLICANT COPY

Capital Health

Travel Expense Claim Form

(In Canadian Dollars)
(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)

Name ALLAUDIN MERALI

Employee Number

Position EXEC. VP & CFO

Cost Centre 201.9000.7111.5000006

Department FINANCE + ADMIN

Bus. Phone 407-3652

Period from NOV. 1/05 to NOV. 30/05

Expenses Paid *(Please attach receipts)*. Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form.

62410 = 118.00
62414 = 129.73

69600 = 36.74 w 484.23 m

	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	DO NOT USE
Accommodation					
Meals	24.25 US = 28.55	Exch 1.1775	+ 492.42 = 520.97		
Registration Fees					
Transportation (including parking)	83.00 US = 97.73		97.73 + 150.00 = 247.73		
Other					
Mileage			~~31.30~~	31.24	✓
TOTAL			$		$
Less Cash Advance			805.94		
NET			$ ~~803.00~~		

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature Allaudin Merali Date Dec. 7/05

Approved by

Print Name A. SHEILA WEATHERILL Title CEO

Signature Sheila Weatherill Date March 2/06

Print Name Title

Signature Date

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court, 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7).
- Out of province expenses also require approval of Chief Operating Officer of Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accommodation $	Meal $	Registration $	Transportation $	Other $	Mileage km
Nov 1/05	Caritas-A+Fat EGH						12
	Glenview Hospitality						16
	Parking-EEDC				✓ 7.50		
Nov 3/05	Parking-EEDC				✓ 10.50		
Nov 9/05	Dinner-Hosting		492.42				
Nov 9/05	Dinner Ntg-5842-1151						
Nov 3/05	Guipod drop-off-Ottawa						10
Nov 6/05	Cab-Airport-home						60
Nov 23/05	Parking				✓ 48.00		
	Cab-to Airport				✓ 2.00		
Nov 25 26	-Cabs-Toronto				✓ 50.00		
	"				✓ 5.00	W	
	"				✓ 15.00	W	
	"				✓ 12.00	W	
Nov 26-30	-RSNA-Chicago-Cabs				*83.00-45=97.73 Can		Rate 1.175
	food	45 2425=28.35					
	Total km						98
	@						$0.35 .38
TOTALS TO FRONT OF FORM			520.97		247.73		~~34.30~~ 37.24

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
2. **Travel**
   - Use of personal automobile – From Oct. 1, 2003, reimbursement at the rate of $0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.33 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differ than $0.35 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.
4. **Hosting Expenses**
   Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

CH-0313 Sep 2004

Nov 8, 2005 Dinner Expenses

Save on food

Nov 1, 2005	$ 89.28
Nov 8, 2005	$ 49.70

Catering

Roshan Bai	$ 170.00
Dolu bai	$ 55.00
Meridian Banquet	$ 70.00
Flowers - Bunches	$ 58.44
TOTAL	$ 492.42

DRINKS EXTRA

APPLICANT COPY

MERIDIAN BANQUET & CON
976 LAND CRES T6R2Y8
EDMONTON AB
Z2011478

PRE AUTH PURCHASE

11-08-2005 14:34:17
Acct # **********5997 S
Exp Date 02/0 Card Type VI
Name: SHARMAN MERALI
Invoice # 150 Operator 123
FL2201147801
Auth 77 ID 001076815

Pre Auth Purchase $70.00
Tip
Total $ 70.00

Customer copy

save-on-foods #6662
Strathcona
100% MONEY BACK GUARANTEE
receipt required please
G.S.T. #R846980878
Visit www.saveonfoods.com

SAVE-ON-MORE SAVES YOU $

Non-Responsive

6-PART FRUIT TRY	9.99 G
SOM $7.99 Save	-2.00 G
6-PART FRUIT TRY	9.99 G
SOM $7.99 Save	-2.00 G
BOLTHOUSE SMOOTH Juice	4.99
DEPOSIT	0.05
ECO FEE	0.02 G
CREAMO	9

Non-Responsive

TK 2% JUG	3.79
$3.59 Save	-0.20
LE	0.02 G
RTY ICE	2.9
RTY ICE	2.9
RED GRAPES	
1.090 kg @ $5.47/kg	5.9E

Non-Responsive



Sub Total 214.51

$89.28

15% Off Days -31.60

BALANCE DUE 182.91
Visa 182.91
[S] 4500 60* *** **5 997
Auth # 052049 Ref # 0005131836
CHANGE 0.00

TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST	54.60	3.82
PST	42.65	0.00
TOTAL T:		3.82

* * *
Your S... ngs today! 7 -35.86

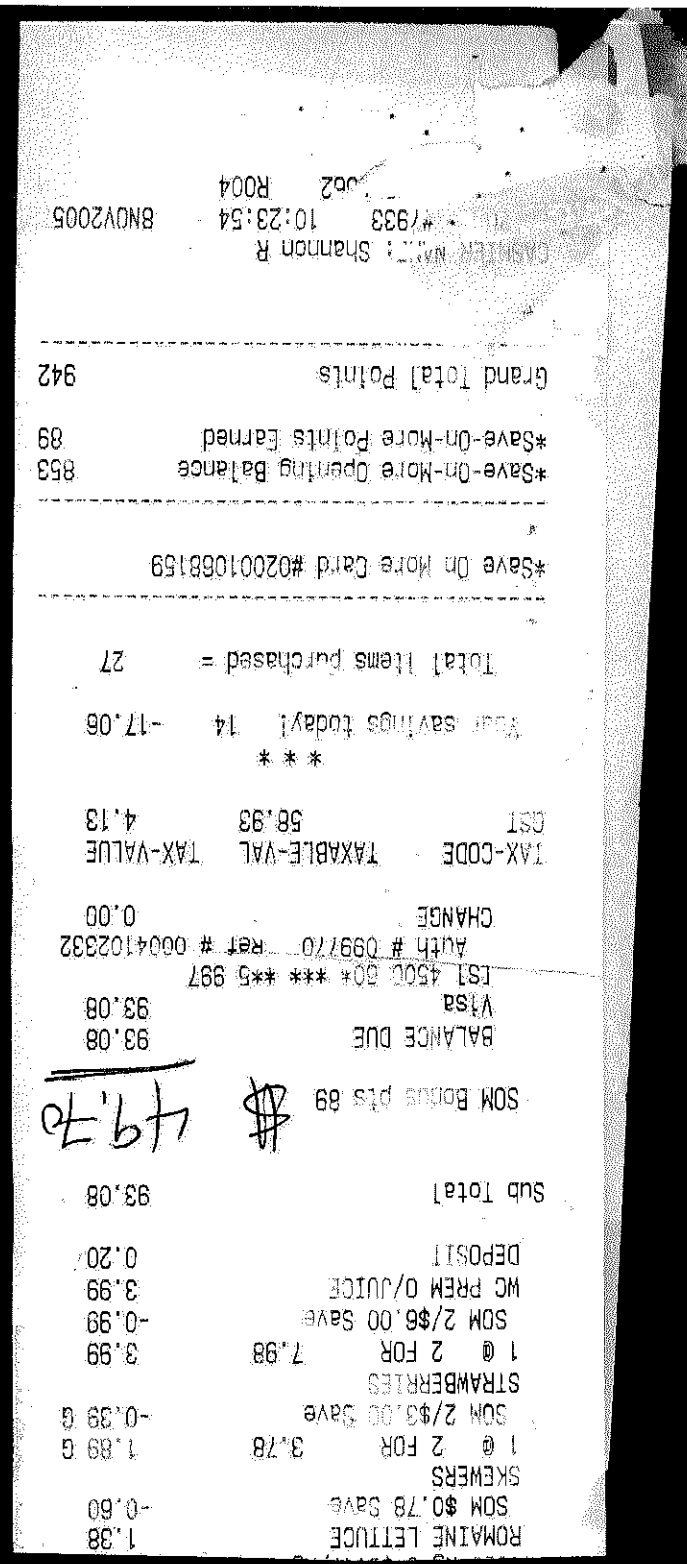
Total items purchased = 51

*Save On More Card #02001068159

*Save-On-More Opening Balance 64
*Save-On-More Points Earned 211

Grand Total Points 853

CASHIER NAME: Shanon M
C0132 #0407 13:18:41 1NOV2005
S06613 R005



CASHIER NAME: Shannon R
... #/933 10:23:54 8NOV2005
... 002 R004

Grand Total Points 942

*Save-On-More Opening Balance 853
*Save-On-More Points Earned 89

*Save On More Card #02001068159

Total items purchased = 27

Your savings today! 14 -17.06

* * *

TAX-CODE	TAXABLE-VAL	TAX-VALUE
GST	58.93	4.13

CHANGE 0.00
Auth # 09977O ... ref # 000410238 2
[S] 4500 60* *** **5 997
Visa 93.08
BALANCE DUE 93.08

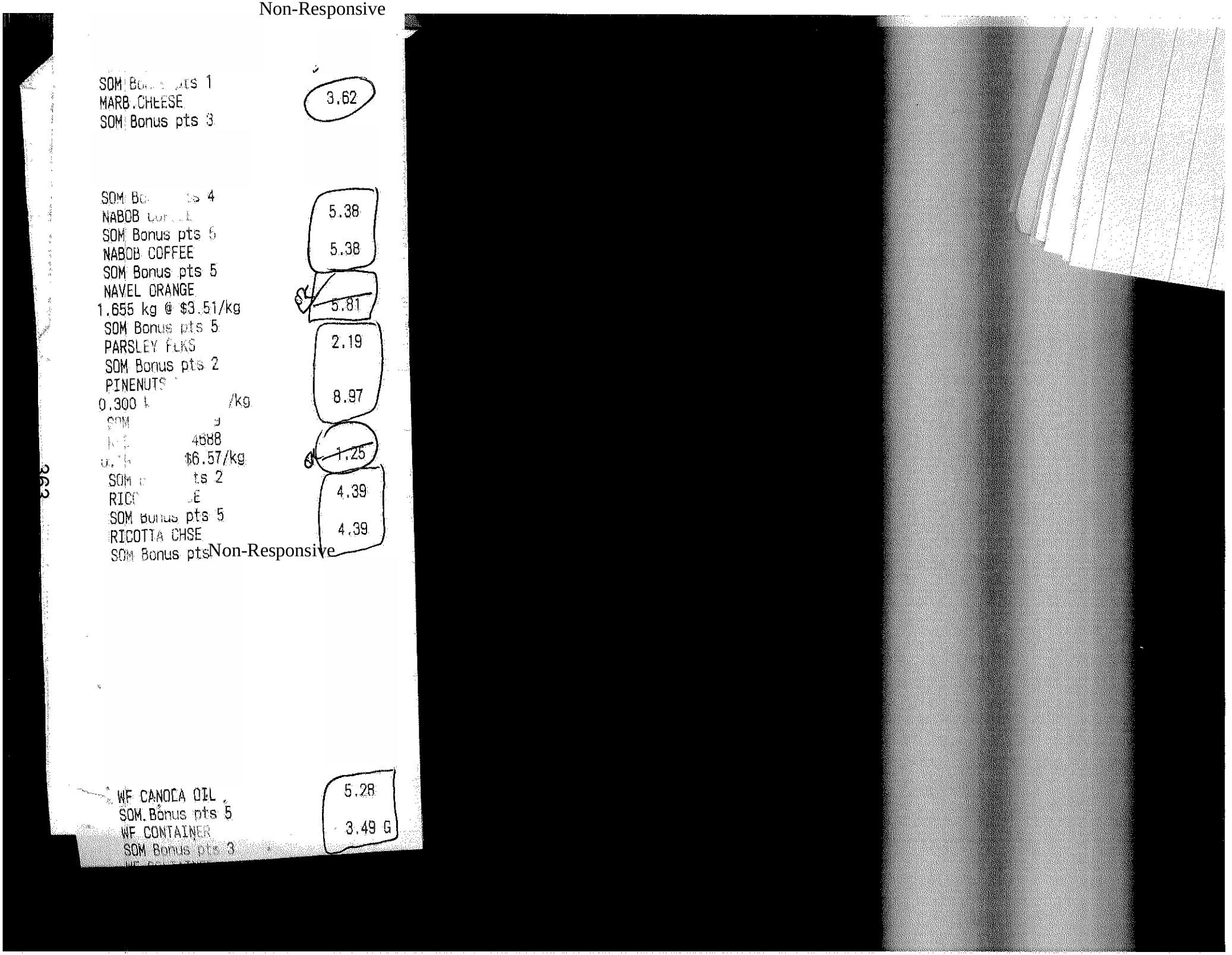
SOM Bonus pts 89 $49.78

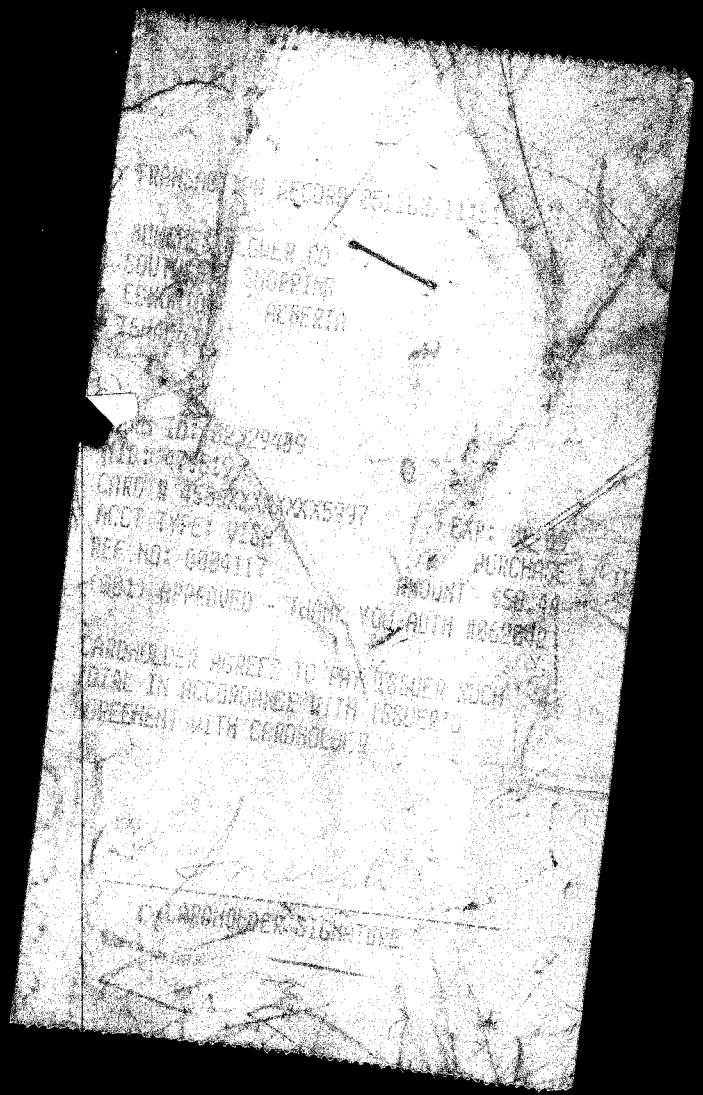
Sub Total 93.08

DEPOSIT 0.20
WC PREM O/JUICE 3.99
SOM 2/$6.00 Save -0.99
1 @ 2 FOR 7.98 3.99
STRAWBERRIES
SOM 2/$3.00 Save -0.39 G
1 @ 2 FOR 3.78 1.89 G
SKEWERS
SOM $0.78 Save -0.60
ROMAINE LETTUCE 1.38

362

Non-Responsive





STARWOOD PREFERRED GUEST

APPLICANT COPY

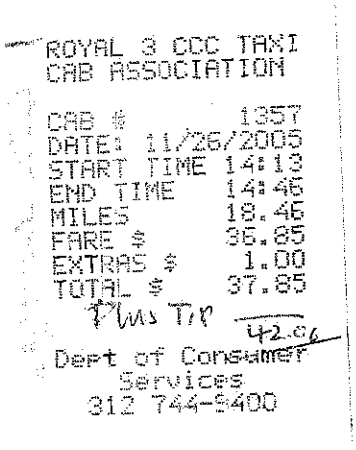
Cash Nov 28 to Nov 30

VS $

Chicago Cabs	42.00
	10.00
	7.00
	12.00
	12.00
	83.00

VS $

Food	5.50
	8.50
	10.25
	24.25



ROYAL 3 CCC TAXI
CAB ASSOCIATION

CAB #	1357
DATE:	11/26/2005
START TIME	14:13
END TIME	14:46
MILES	18.46
FARE $	36.85
EXTRAS $	1.00
TOTAL $	37.85

Plus T/P 42.06

Dept of Consumer
Services
312 744-9400

CHECKER TAXI
CAB NUMBER 5596
11/28/05 TR 5970
START END MILES
07:33 07:45 2.9
FARE : $ 9.05
EXTRA: $ 0.00
TOTAL: $ 9.05
DEPT OF CONSUMER
SERVICE 744-9400
HAVE A NICE DAY

10.00

CHICAGO CARRIAGE
CAB CO.

CAB #: 6614
DATE: 11/28/2005
START TIME 22:31
END TIME 22:35
MILES 0.61
FARE $ 3.85
EXTRAS $ 1.50
TOTAL $ 5.35

+Tip 7.00

Dept of Consumer
Services
312 744-9400

Yellow Cab Management, Inc.
2230 South Michigan
Chicago, Illinois 60616
www.yellowcabchicago.com

12
$ Time Date

Received from:

Cab fare from:

To:

Driver:

Cab #:

Account #:

Thank you for riding with us!

312-829-4222

Checker Taxi Association, Inc.
Need a cab? Dial 3-1-2-C-H-E-C-K-E-R or 312-243-2537
RECEIPT

Time_____ Date _____ 20 ____
Received From _____ $ 12
Cab Fare From _____
To _____
Driver _____
Cab No. _____ Account No. _____

845 W. Washington Blvd., Chicago, IL 60607 • Main Office: (312) 733-4755

Winston Safaris and Trekking, Ltd., *Private, Personal, Perfect.*
Specialists in Tanzanian Safaris! (please see back)

CASH

McCormick Place Chicago,IL
Food Court
We're glad you're here

2014 Debbie

CHK 3731 NOV28'05 7:53AM

1 HOT BEV 16oz TR	2.75
1 MUFFIN TR	2.75
Subtotal	5.50
Amt Tendered	5.50
CASH	6.00
Change Due	0.50

Best Copy Possible

CASH - Lunch

Son No: 26

Cash $8.50

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 15984
11/02/05 15:05 L# 2 A# 38 Txn# 55005
11/02/05 12:41 In 11/02/05 15:05 Out
Tkt# 207356

Regular Rate	$	7.01
Total Tax	$	0.49
Total Fee	$	7.50
CASH PAID	$	7.50-
Cash Tender	$	10.00
Change Due	$	2.50

THANK YOU
COME AGAIN

APPLICANT COPY

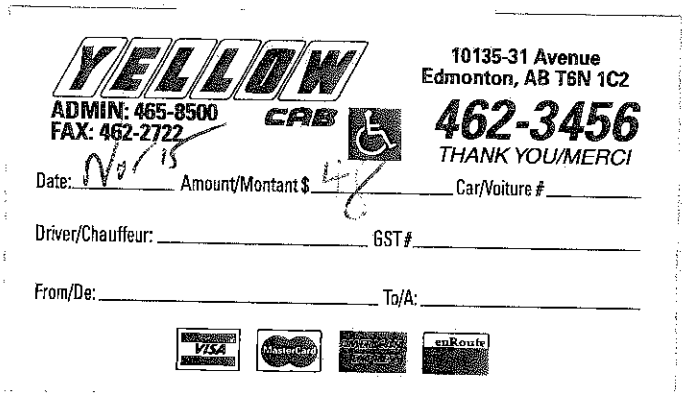
CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 16087
11/03/05 10:43 L# 2 A# 39 Txn# 55517
11/03/05 07:28 In 11/03/05 10:43 Out
Tkt# 207934

Regular Rate	$	9.81
Total Tax	$	0.69
Total Fee	$	10.50
CASH PAID	$	10.50-
Cash Tender	$	20.00
Change Due	$	9.50

THANK YOU
COME AGAIN

APPLICANT COPY



YELLOW CAB

ADMIN: 465-8500
FAX: 462-2722

10135-31 Avenue
Edmonton, AB T6N 1C2

462-3456
THANK YOU/MERCI

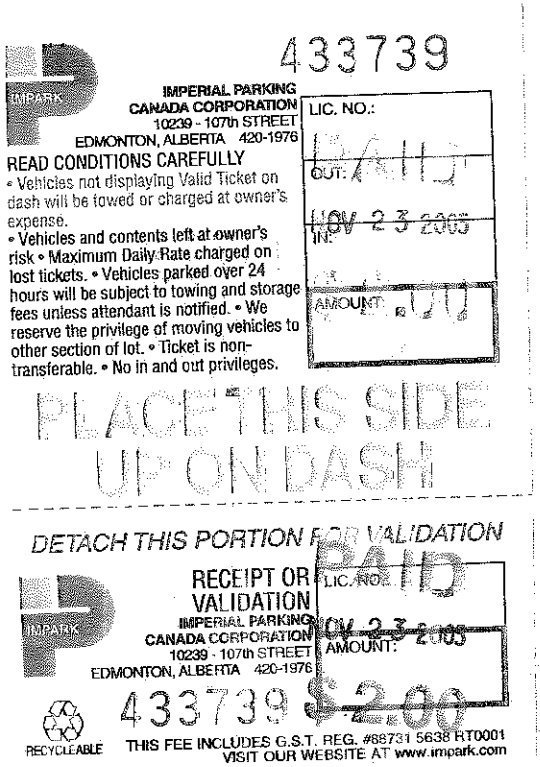
Date: Nov 15 Amount/Montant $ 46 Car/Voiture #

Driver/Chauffeur: GST #

From/De: To/A:

VISA MasterCard enRoute

Nov 23



433739

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

OUT:

IN: NOV 23 2005

AMOUNT: 2.00

READ CONDITIONS CAREFULLY
• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

PAID

RECEIPT OR VALIDATION

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

NOV 23 2005

AMOUNT:

433739 $2.00

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

STARWOOD PREFERRED GUEST

APPLICANT COPY

Nov 23

YELLOW CAB

ADMIN: 465-8500
FAX: 462-2722

10135-31 Avenue
Edmonton, AB T6N 1C2

462-3456

THANK YOU/MERCI

Date:_____ Amount/Montant $ 15 Car/Voiture #_____

Driver/Chauffeur:_____ GST #_____

From/De:_____ To/A:_____

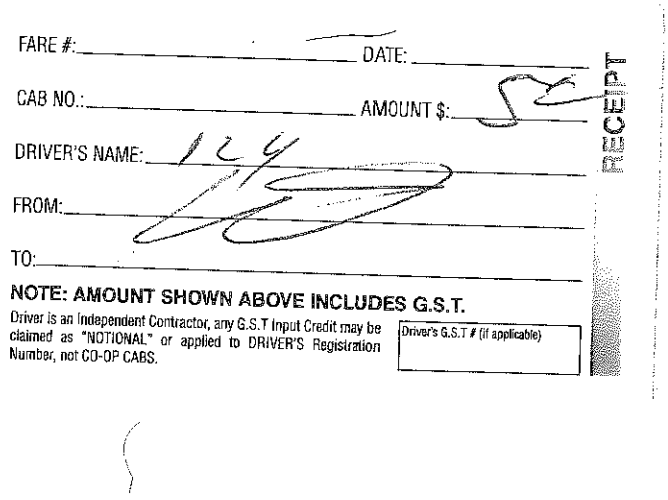
VISA MasterCard AMERICAN EXPRESS ezRoute

12pm midnight →

Original submitted for reimbursement to Infoway

APPLICANT COPY

Nov 4



FARE #: _____ DATE: _____

CAB NO.: _____ AMOUNT $: _____

DRIVER'S NAME: _____

FROM: _____

TO: _____

RECEIPT

NOTE: AMOUNT SHOWN ABOVE INCLUDES G.S.T.

Driver is an Independent Contractor, any G.S.T Input Credit may be claimed as "NOTIONAL" or applied to DRIVER'S Registration Number, not CO-OP CABS.

Driver's G.S.T # (if applicable)

Nov 25

APPLICANT COPY

FARE #:_____ DATE: 5-11-25

CAB NO.: 1410 AMOUNT $: 15

DRIVER'S NAME:_____

FROM:_____

TO:_____

NOTE: AMOUNT SHOWN ABOVE INCLUDES G.S.T.

Driver is an Independent Contractor, any G.S.T Input Credit may be claimed as "NOTIONAL" or applied to DRIVER'S Registration Number, not CO-OP CABS.

Driver's G.S.T # (if applicable)

RECEIPT

INC. TAXI

INDEPENDENT CAB OWNERS' CO-OPERATIVE INCORPORATED TORONTO, ONTARIO

Date : 25, 11, 2005 Fare : 12 GST INCLUDED

From :_____

To :_____

Cab # 1788 Driver :_____

Flat rates available for Airport, Out Of Town, Business Trips, Sightseeing, Etc: Ask Driver for details

RECEIPT

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC. VP + CFO	**Department:** FINANCE	
Business Phone: 407-3652	**Period From:** JAN 1/06 **to** JAN 31/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
							☐
201	9000	71115000006	62410001			8.00	☐
201	9000	71115000006	62410000			22.80	☐
201	9000	71115000006	69500000			30.00	☐
							☐
							☐
Less Cash Advance							☐
Total						60.80	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali **Date:** Feb 23/06

Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO	**Phone #** 407-8000	
(Signature) Sheila Weatherill		**Date** March 2/06	
Approved By: *(Print name)*	**Title:**	**Phone #**	
(Signature)		**Date**	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	[Milea]ge
Jan 4/06	Mileage - Mayfair						6
7/06	Ticket - Retirement function - Bob Cable					30.00	
9/06	Mileage - Dinner Mtg - [illegible] & [illegible]						20
27/06	Calgary - Taxi				✓ 8.00		
30/06	[illegible] Dinner - [illegible] & [illegible]						28
31/06	Mileage - Mayfair - ICO Dinner						6
	Total km						60
	@				8.00	30.00	$0.38 (except where collective agreement specifies otherwise)

22.80

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Jan 27/06 Cash

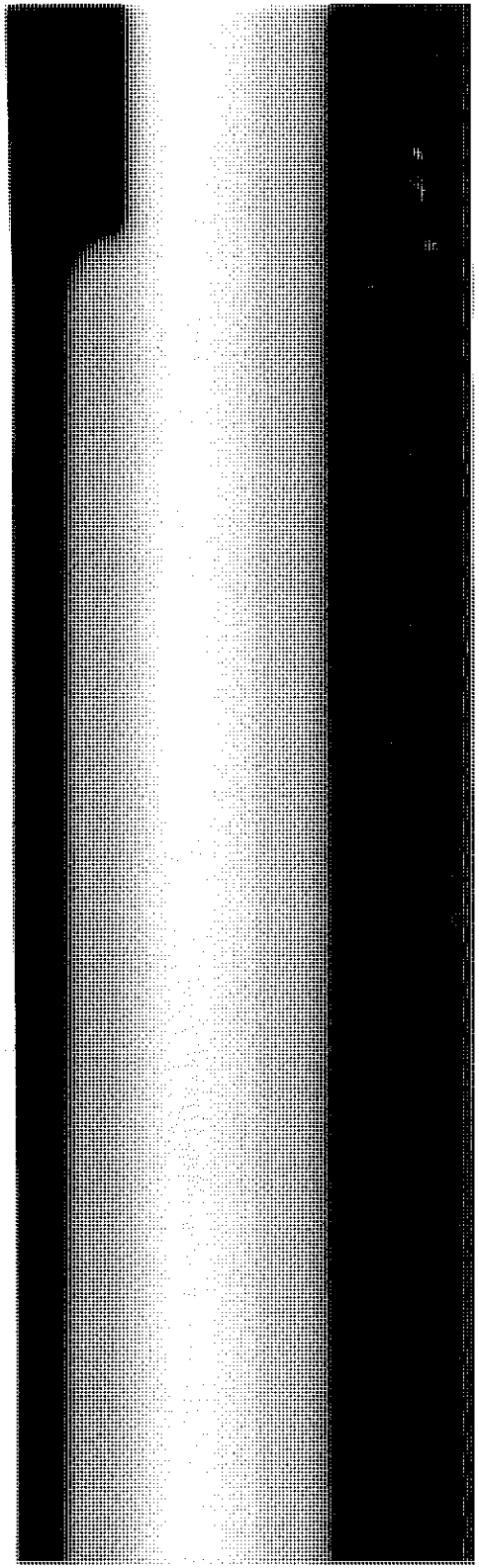
Driver # _____ Car # _____

To: 500 - 5th Ave SW

From: Police

Date: 01-27-06 Amount: 8.00

GST# _____



s.17(1), 17(4)(g)(i)

Join us for . . .

Bob Cable's

Retirement Reception

Aspen Regional Health
10003 - 100 Street
Westlock, Alberta
T7P 2E8

For further information
please contact
Wanda at 780-349-8705

→ $30 ✓
Found dog

Aspen Regional Health requests the
pleasure of your company at a Retirement Reception
to honor and celebrate the distinguished career
of Bob Cable, President and CEO

on Saturday, January 7, 2006
at the Westlock & District Community Hall
Highway 44, Westlock, Alberta

Cocktails: 5:00 p.m.
Dinner: 6:00 p.m.
Official Presentation: 8:00 p.m.
Cash Bar

Cost $15.00 per person
Please R.S.V.P. by December 19, 2005

Please forward your cheque payable to:
Aspen Regional Health
10003 - 100 Street
Westlock, Alberta T7P 2E8

For further information please contact
Wanda at 780-349-8705

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC. VP & CFO	**Department:** FINANCE + ADMIN.	
Business Phone: 407-3652	**Period From:** FEB 1 **to** FEB 28/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62410000			472.08	☐
201	9000	71115000006	69600000	20.89	US	24.56	☐
							☐
			62419=	217.46 n			☐
			62410=	65.00 n	189.62	~~CEO~~	☐
			69600=	24.56 n	5.35 w		☐
Less Cash Advance						501.99	☐
Total						$ 496.64	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali **Date:** March 8/06

Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO	**Phone #**	
(Signature)		**Date**	
Approved By: *(Print name)*	**Title:**	**Phone #**	March 26/06
(Signature)		**Date**	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Feb-1/06	Meter Parking (cash)				1.00		
1/06	Mileage - Meinette's						15
2/06	Cabs - Calgary				✓ 10.00		
3/06	Mileage - Shaw Conf.						28
	Parking				✓ 2.00		
6/06	Mtg AHaW				~~10.00~~		24
	Parking				✓ 10.00		
	Mileage - Mtg - 100st + Jas						24.
8/06	Mtg at ACB						24
	Dinner mtg Sherman						20
10/06	Retreat - World Trade Centre						28
11/06	Airport Dropoff						60
11-15/06	HimssConf - San Diego (US-20.89)					✓ 24.56	
	Taxis - 185.00 US				✓ 217.46		
15/06	Carpool Pick-up						60
16/06	CFOgroup - Faculty Club						6
21/06	Mtg - M. Lahey						20
21/06	Lunch mtg - Faculty Club						6
	Mtgs - Clinic + return + Parking	58			4 (meter)		20
22	Bd mtg - EEOC				✓ 6.00		28.
	Lunch mtg - Faculty Club						6
	Mtg - World Trade Centre (LET)				✓ 4.50		
21	Dinner mtg (Fadi's Grill)						10
22	Dinner mtg (Mediterra Grill)				✓ 3.00		14
23	Dinner mtg (High Rim)						20
26	Dinner mtg (Normans)				✓		14
27	Mtg - AHaW				6.00		24
	2nd Mtg - AHaW				✓ 13.50		24
	Reception - Hotel Mac				5.00 (no receipt)		
	Dinner - Hardware Grill + return						
	Total km						24/499
Pasta Del: @ Feb 27/06			5.35		282.46	24.56	-39 $0.38 (except where collective agreement specifies otherwise)

189.62

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Feb 2/06

Cab

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

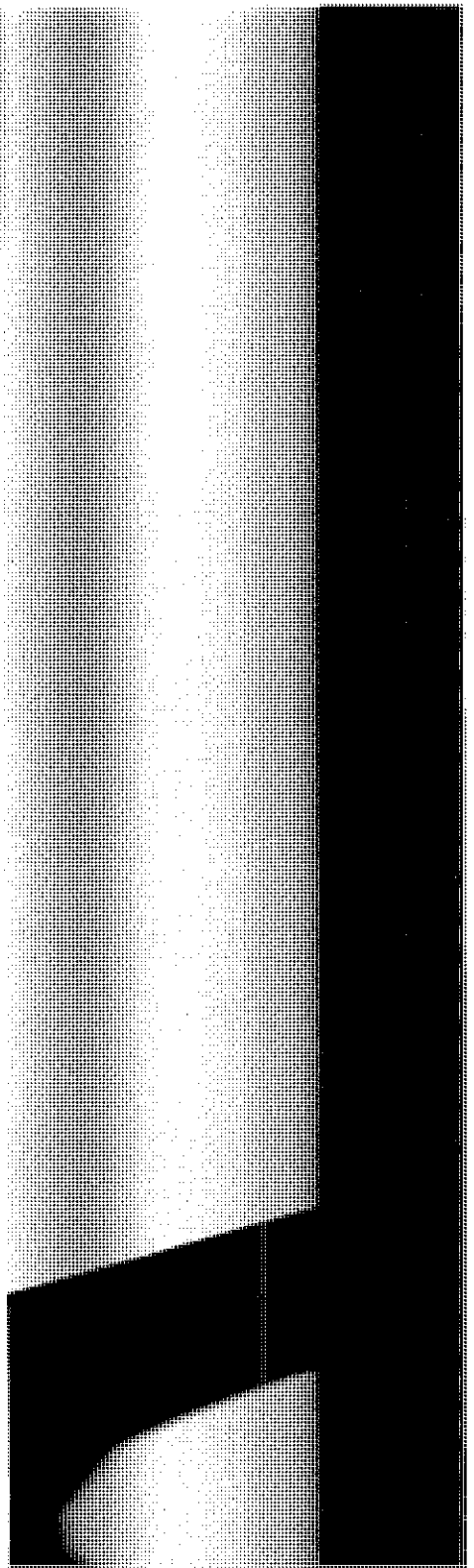
Visit our counter at the
Calgary International Airport
international arrival door.

Air Canada International Arrival WestJet
ASSOCIATED CAB

Driver _____ Date 2-2-06

Car # 348 Amount 10

GST Included # _____



Feb 3/06

$2

APPLICANT COPY

598997

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

OUT:

IN:

AMOUNT:

READ CONDITIONS CAREFULLY

• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense. • Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No In and out privileges.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

598997

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY

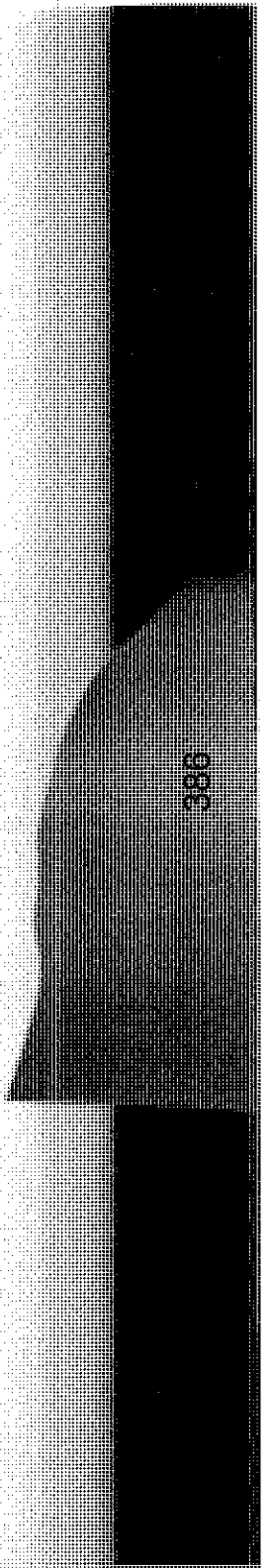
Feb 6

Cash

Grant MacEwan C.C.
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Transaction Date:	06/02/2006 16:30:12
Subtotal:	$10.00
Amount Given:	$10.00
Change:	$0.00
TOTAL:	$10.00
Payment:	

Thank You, Have a nice day!



Case

APPLICANT COPY · San Diego

US $

Best Copy Possible

GIFTS ETC.
San Diego International Airport
San Diego, CA 92101

Date : 05/[illegible]
Store : 001 Register # 1
Cashier: EB Receipt # 34506

ITEM	QTY	PRICE	TOTAL
WATER VASA 25 oz	1	89	

ITEM(S) SUBTOTAL
INVOICE TOTAL 2.89
Tend. 3.00
CHANGE 0.11
Cash 2.89

THANK YOU !
for shopping with us

21-08 0195
•8•75 3*
•2•50 4*
•2•50 4*
•13•75 0A

2.89
13.75
+ Cash 4.25
20.8.9 USA
Canadian 24.56 ✓

US $
San Diego

APPLICANT COPY

DATE 2/15/06 AMT 29 —
FROM
TO
NAME:
SSN:
SHIP/CMD
DRIVER CM 29

DATE 02-14-06 AMT 16.00 —
FROM
TO
NAME:
SSN:
SHIP/CMD
DRIVER Luis Fernandez

Yellow Cab OF SAN DIEGO

Fare Receipt

Date

Passenger:

The sum of $ 17

From

To

Cab No. Driver Name

Driver Signature

NKEE CAB
(619) 379-8354

God bless

Driver Cab

$5. Amount Date

From To

Thank You

DATE AMT 18 —
FROM
TO
NAME:
SSN:
SHIP/CMD
DRIVER

ORANGE CAB
Radio Service

Company:
Date: Meter $: -13- Tip$
Driver: Cab#: 744
From/To:
4250 Pacific Hwy. Ste. 207, San Diego, CA 92110
(619)223-5555
Customer • Verify Cab Number

TAXICAB RECEIPT

THE SUM OF $ 22 DATE
FROM SAN TO
CITY

For questions, comments or concerns, contac
Operations Department.
619.400.2685

Yellow Cab OF SAN DIEGO

Fare Receipt

Date 2/8/06

Passenger:

The sum of $ 20

From

To

Cab No. Driver Name

Driver Signature

Cabs $185 US
= 217.46 Can

APPLICANT COPY

Feb 22

Moving meals

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119526270 RT0001

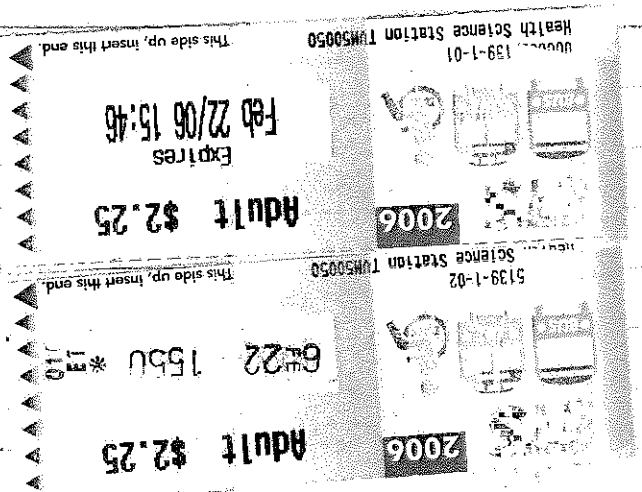
Rcpt# 31413
02/22/06 09:14 Lane 2 Aff 15 Txn#105285
02/22/06 07:25 In 02/22/06 09:14 Out
Tkt# 266058

Regular Rate	$	5.61
Total Tax	$	0.39
Total Fee	$	6.00
CASH PAID	$	6.00-
Cash Tender	$	6.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

Feb 22/06 Cash LRT for afternoon meeting



$4.50

Feb 22/06

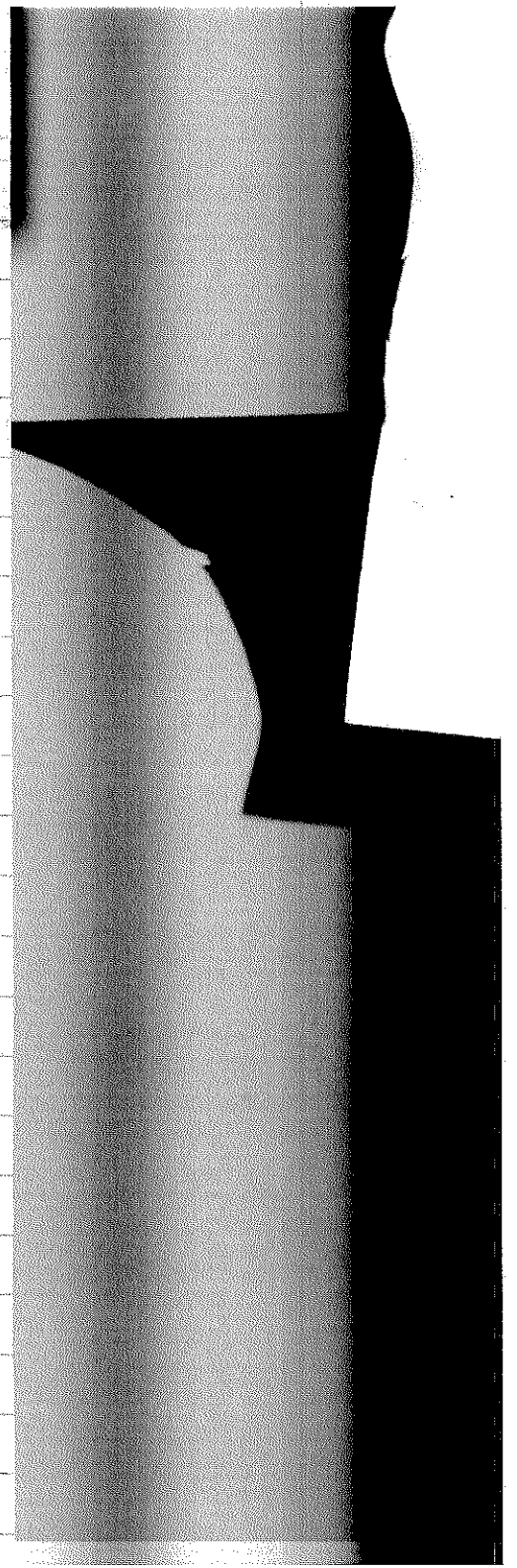
Evening Meeting

APPLICANT COPY

Grant MacEwan C.C.
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Transaction Date:	22/02/2006 20:22:42
Subtotal:	$3.00
Amount Given:	$3.00
Change:	$0.00
TOTAL:	$3.00
Payment:	

Thank You, Have a nice day!



APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

06FEB27 14:31 019 002
06FEB27 12:47 01
/ 1:44 #206835

S0038525290

RATE	6.00
TOTAL	6.00
Cash	10.00
CHANGE	4.00

GST #897727657RT
Have a Nice Day

Thank You For
Parking At Commerce
Place Parkade

06FEB27 12:21 019 001
06FEB27 08:15 01
/ 4:06 #206789

S0038508990

RATE	13.50
TOTAL	13.50
Cash	20.00
CHANGE	6.50

GST #897727657RT
Have a Nice Day

APPLICANT COPY

PASTA DELI
TELUS TOWER
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

02/27/04 12:44PM 01
00000 #2102

SM SALAD	T+$3.50
WATER	1*$1.50
ROSE ST	$5.00
G.S.T.	$0.35
XXXTOTAL	$5.35
CASH	$10.00
CHANGE	$4.65

APPLICANT COPY

Attachment #2

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC. VP + CFO	**Department:** FINANCE + ADMIN	
Business Phone: 407-3652	**Period From:** MAR 1 **to** MAR 31/06	

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000			✓ 7.48	☑
"	"	71115000006	62410000		47.75	~~175~~	☑
"	"	71115000006	62410000			✓ 66.65	☒
			62410001			50.00	☐
						171.88	☐
						~~189.88~~	☐
Less ~~Cash Advance~~	Personal charges (cellpl)					100.00	☐
Total						~~89.88~~	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali		**Date:** July 13/06	
Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO	**Phone #**	
(Signature) Leila Thundat for Sheila Weatherill		**Date** July 14/06	
Approved By: *(Print name)*	**Title:**	**Phone #**	
(Signature)		**Date**	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

APPLICANT COPY

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Nov 23/05	Cab - airport				✓ $ 50.00	w	
Mar 1/06	EG Mtg return (A&F)						8
	Faculty Club + net						3
	Faculty Club + net						3
2/06	Mtg at the Spring (in Burnaby)						5
	Mtg Sherwood PK (I Evans)						30
3/06	LRT + return (no receipt)				✓ 4.50	w	
4/06	Lunch		✓ 7.48	w			
6/06	Mtg at AHW + rec						12
	Parking				✓ 3.50	w	
	Divisional mtg + return						8
7/06	Mtg AHW + rec + parking				✓ 6.00	w	12
	Mtg/Interview - Legal						20
9/06	Parking + Mtg Hotel Rec'd rec'd				✓ 10.00 no rec	w	12
	Parking - Mtg - CCI				✓ 7.50	w	
14/06	LRT - 1 way mtg				✓ 2.25 no rec	w	
15/06	Divisional mtg - DS (Harvard) rec'd						8
21/06	Lunch mtg + parking + rec'd				✓ 2.00	w	6
23/06	Mtg AHW at Hotel Meadfield rec'd				✓ 5.00 no rec	w	12
	Finance Retreat + Parking rec'd				✓ 7.00	w	12
24/06	Mtg - KPMG + Mayfair Golf Club rec'd.						4
						Total km	155
						***(or alternate rate as outlined in Section 2 – Travel below) @**	**$0.43***
Totals			7.48		115 ~~75~~ 97.75		66.65

Correction/addition

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 250 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

STARWOOD PREFERRED GUEST

APPLICANT COPY

YELLOW CAB

ADMIN: 465-8500
FAX: 462-2722

10135-31 Avenue
Edmonton, AB T6N 1C2

462-3456

THANK YOU/MERCI

Date: Nov/23/05 Amount/Montant $ [illegible] Car/Voiture # [illegible]

Driver/Chauffeur: _____ GST # _____

From/De: _____ To/A: _____

VISA MasterCard enRoute

Sheraton HOTELS & RESORTS

sheraton.com

APPLICANT COPY

SUBWAY SUBALTA FOODS LTD
8511 - 112 ST
EDMONTON AB

CARD NUMBER	45006000****8441
EXPIRY DATE	0209
CARD TYPE	VISA 7151
DATE/TIME	2006/03/05 12:46:44
RECEIPT NUMBER	S47130901-001-136
PURCHASE	
TOTAL AMOUNT	$7.48

01 APPROVED-027 AUTH. # 024384
THANK YOU

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT.

CARDHOLDER SIGNATURE

APPLICANT COPY

Grant MacEwan C.C.
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Transaction Date:	06/03/2004 14:33:41
Subtotal:	$3.50
Amount Given:	$3.50
Change:	$0.00
TOTAL:	$3.50
Payment:	

Thank You, Have a nice day!

APPLICANT COPY

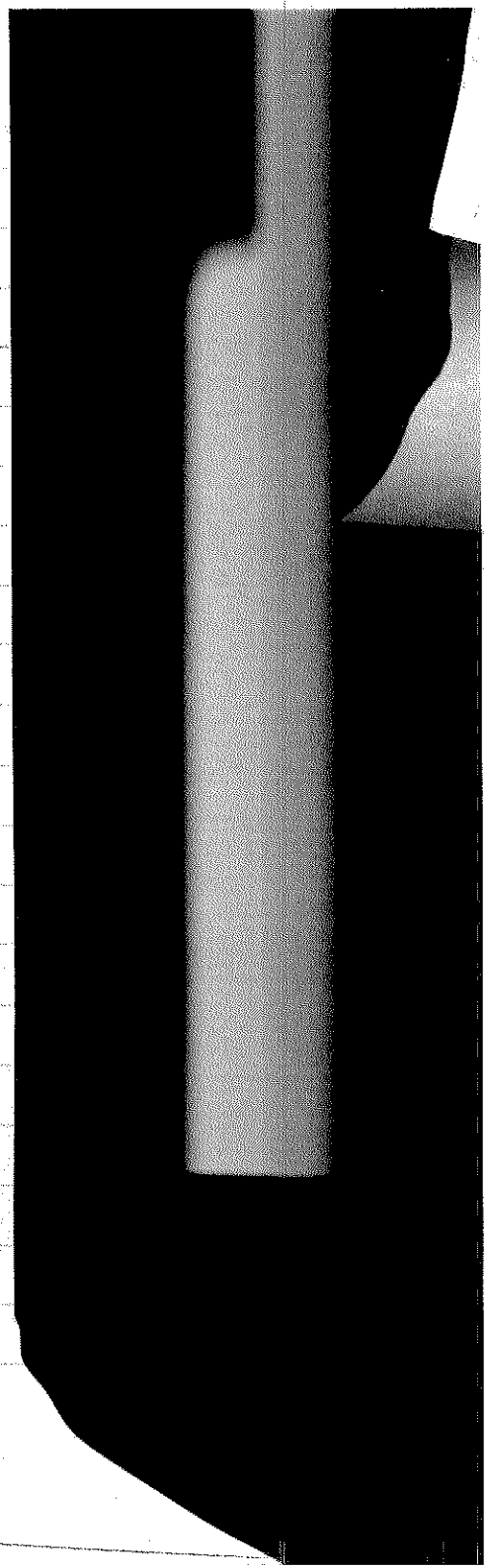
Thank You For
Parking At Commerce
Place Parkade

06MAR07 15:13 019 002
06MAR07 13:09 01
/ 2:04 #209070

S0039217792

RATE	6.00
TOTAL	6.00
Cash	20.00
CHANGE	14.00

GST #897727657RT
Have a Nice Day



APPLICANT COPY

U OF A
PARKING SERVICES
GST# R100102651

03-08-2006 WED #444
03-08-2006 00:07:52
DAY-08
GST 0.49
CASH 7.50

ITEM 1
TOT 7.50

Mar 8/06

Cash - parking at

Hotel McDonald

$10

APPLICANT COPY

APPLICANT COPY

Mar 21 - Parking #2

TICKET PRICE INCLUDES GST REG. #887315638RT0001

DETACH RECEIPT

510272

impark

your parking authority

Mar 21 $2

510272

FACE UP
ON DASH

WARNING - YOUR RISK
SEE BACK

APPLICANT COPY

March 23, 2006

Thursday

March 2006

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2006

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

7 am

Non-Responsive

8 00

Non-Responsive

9 00

10 00

11 00

Travel

2006 Provincial Budget Shirley McLellan
Lunch - at Fairmont Hotel MacDonald

12 pm

1 00

travel

Non-Responsive

2 00

3 00

Non-Responsive

4 00

5 00

6 00

6:00pm-8:00pm Dinner at Madison's Grill

Non-Responsive

TaskPad

TaskPad

Notes

Merali, Allaudin

3/28/2006 9:42 AM

APPLICANT COPY

Grant MacEwan C.E.
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5595

Transaction Date: 23/02/2006 20:26:29

Subtotal:	$7.00
Amount Given:	$7.00
Change:	$0.00
TOTAL:	$7.00
Payment	

Thank You. Have a nice day!

APPLICANT COPY

Attachment #2

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department: FINANCE & ADMIN	
Business Phone: 407-3653	Period From: APR 1 to APR. 30/06	

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	7111S000006	69600000		638.17	63~~9~~76	☑ 287.4~ 350.70~
"	"	"	62410000		✓	4.50	☒
							☐
		no mileage allowances for					☐
			Apr 1/06				☐
							☐
Less Cash Advance						642.67	☐
Total						64~~2~~26	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	**Date:** July 13/06

Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO	**Phone #**
(Signature) Sheila Weatherill for Sheila Weatherill		**Date** July 14/06
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
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- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM FORM

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
APR 11/06	RET. MTG - DOWNTOWN (LRT)				2.25		
12/06	MTG - ORION - DOWNTOWN (LRT)				2.25		
21/06	DINNER MTG - PRIVATE						
	CATERING		~~639.76~~				
	for U of A (Carl Amheim		638.17 ✓				
	& others)						
			638.17 ✓				
						Total km	
						*(or alternate rate as outlined in Section 2 – Travel below) @	$0.43*
Totals			~~639.76~~		4.50		644.26

EXPENSE LIMITS

1. **Meal Allowances**
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2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 250 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
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   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

cash

2006 $2.25

Expires
Apr 11/06 18:50

000014480-1-01
Health Science

This side up, insert this end.

2006 $2.25

Expires
Apr 12/06 18:32

000001466
Health Sc

This side up, insert this end.



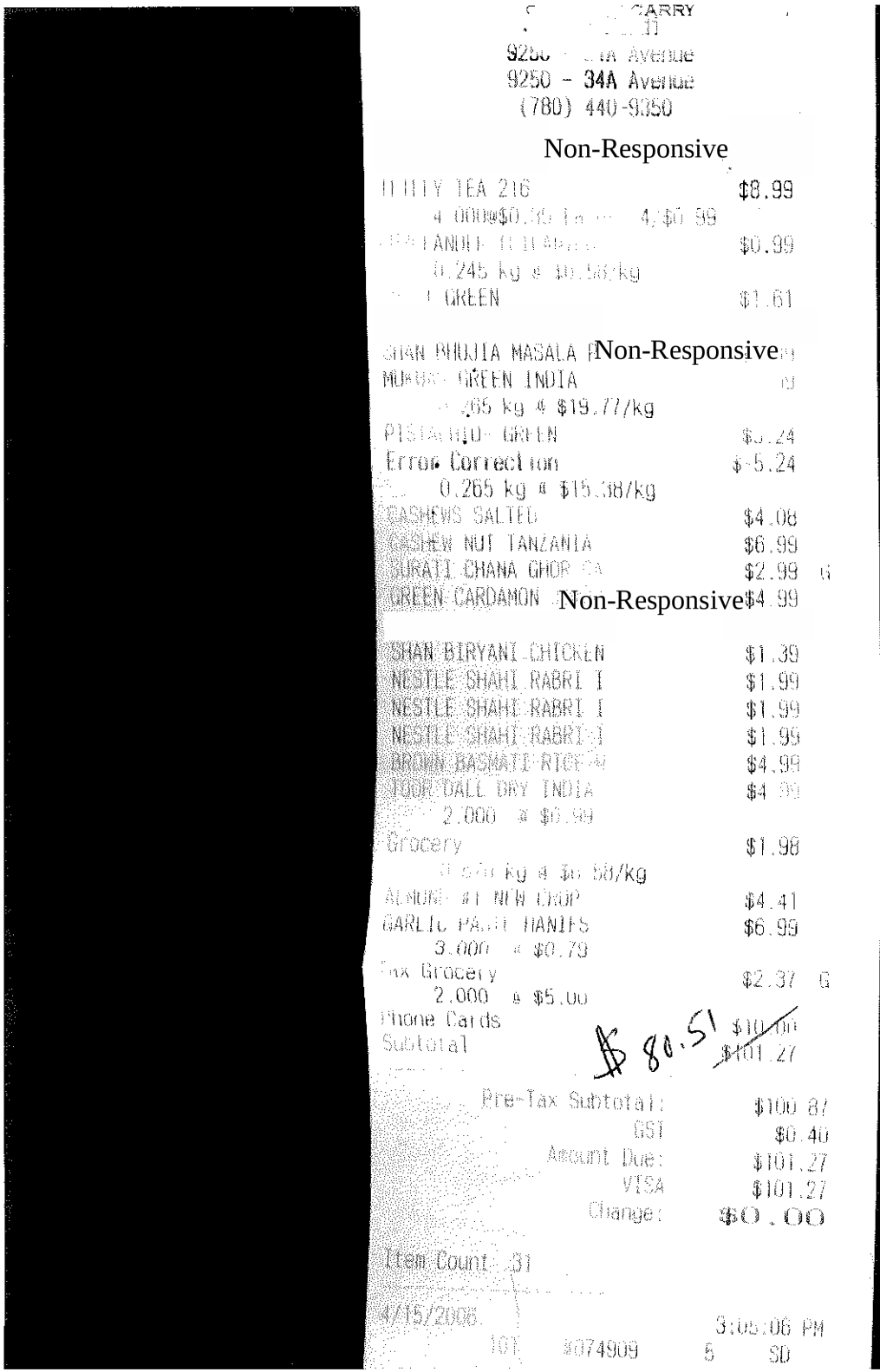
APPLICANT COPY

Save On Foods #6614
Calgary Trail
receipt required please
G.S.T. #R846980878
Visit www.saveonfoods.com

SAVE-ON-MORE SAVES YOU $

10/REDS 318	4.88
3LB ONIONS	1.48
5000 BONUS POINTS	0.01
SOM Bonus pts 5000	
B/A BREASTS	13.21
BAKING PWDER	3.49
SOM Bonus pts 20	
BART RICOTTA	4.88
BART RICOTTA LT	4.88
CANTALOUPE 4050	
1.000 kg @ $2.18/kg	2.18
SOM $1.../kg Save	-0.46
CHIX BREAST	13.11
CHIX BREAST	15.26
CILANTRO4889	0.79
COKE CLASSIC	7.98 G
SOM $6.49 Save	-1.49 G
DEPOSIT	1.20
COUPON CREDIT	-0.01
CREAMO	1.48
SOM Bonus pts 25	
DIET COKE	7.98 G
SOM $6.49 Save	-1.49 G
DEPOSIT	1.20
F/E HRT ROMAINE	3.99
F/E SPINACH/ZIP	4.99
GREEN ONIONS	
2 @ 0.68	1.36
GRND SRLN	12.28
HABANERO PEPPERS	
0.105 kg @ $19.82/kg	2.08
HALIBUT	5.88
HALI...	28.73
HONEDI 4329	
1.610 kg @ $2.84/kg	4.57
SOM $1.74/kg Save	-1.77
LIMES AGAIN	
4 @	2.36
LONG ENGLSH CUKE	1.89
SOM $0.98 Save	-0.91
MUSHROOMS	
0.305 kg @ $6.59/kg	2.01
SOM $4.39/... Save	-0.57
ORANGE JUICE	

Non-Responsive



CARRY
9250 - 34A Avenue
9250 - 34A Avenue
(780) 440-9350

Non-Responsive

UTILITY TEA 216 $8.99
4 @@@@$0.[illegible] 4/$0.99
[illegible]ANDIA $0.99
0.245 kg @ $0.[illegible]/kg
[illegible] GREEN $1.61

SHAN BHUJIA MASALA [illegible] Non-Responsive
MU[illegible] GREEN INDIA
[illegible].265 kg @ $19.77/kg
PISTACHIO- GREEN $3.24
Error Correction $-5.24
0.265 kg @ $15.38/kg
CASHEWS SALTED $4.08
CASHEW NUT TANZANIA $6.99
SURATI CHANA GHOR DA $2.99 G
GREEN CARDAMON Non-Responsive $4.99

SHAN BIRYANI CHICKEN $1.39
NESTLE SHAHI RABRI I $1.99
NESTLE SHAHI RABRI I $1.99
NESTLE SHAHI RABRI I $1.99
BROWN BASMATI RICE [illegible] $4.99
TOOR DALL DRY INDIA $4.99
2.000 @ $0.99
Grocery $1.98
[illegible] kg @ $6.50/kg
ALMOND #1 NEW CROP $4.41
GARLIC PA[illegible] HANIFS $6.99
3.000 @ $0.79
Tax Grocery $2.37 G
2.000 @ $5.00
Phone Cards $10.00
Subtotal $101.27

$80.51

Pre-Tax Subtotal: $100.87
GST $0.40
Amount Due: $101.27
VISA $101.27
Change: $0.00

Item Count: 31

4/15/2006 3:05:06 PM
[illegible] 9074909 5 SD

APPLICANT COPY

TRANSACTION RECORD 060421/11:26

CRISTALL'S WINE MARKET
5954-111 ST NW
EDMONTON ALBERTA
T6H3G1

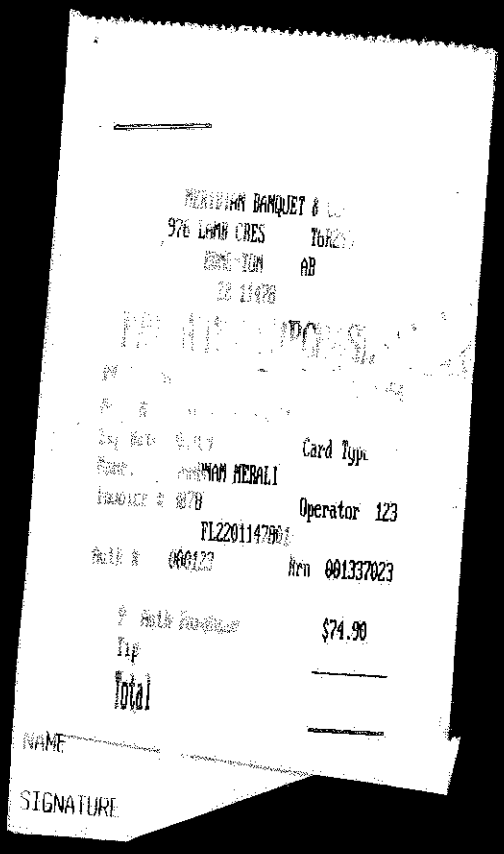
TERM ID: 62316457 s.17(1), 17(4)(e.1)
MID: 244053
CARD #
EXP:
ACCT TYPE: VISA PURCHASE
REF NO: 0007352 AMOUNT $138.95
(CAD) APPROVED - THANK YOU AUTH #052631

CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

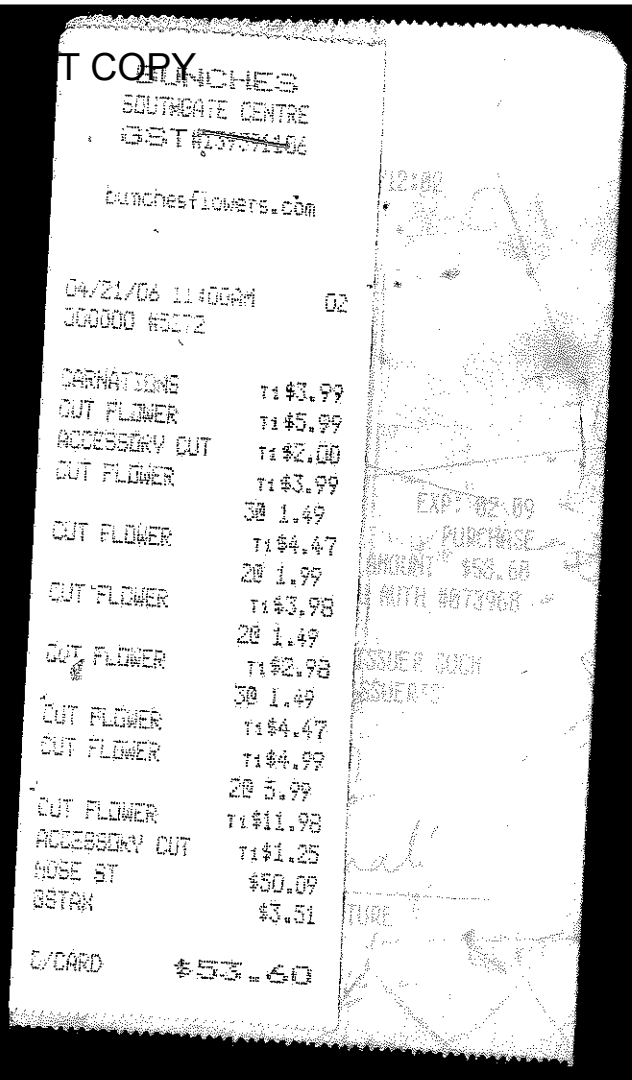
X
CARDHOLDER SIGNATURE

personal
V-Sn

T COPY



976 LAKE CRES
Card Type
Operator 123
Item 001337023
$74.90
Tip
Total
NAME
SIGNATURE



BUNCHES
SOUTHGATE CENTRE
bunchesflowers.com
04/21/06 11:00AM 02
300000 #6272

CARNATIONS	T1 $3.99
CUT FLOWER	T1 $5.99
ACCESSORY CUT	T1 $2.00
CUT FLOWER	T1 $3.99
	3@ 1.49
CUT FLOWER	T1 $4.47
	2@ 1.99
CUT FLOWER	T1 $3.98
	2@ 1.49
CUT FLOWER	T1 $2.98
	3@ 1.49
CUT FLOWER	T1 $4.47
CUT FLOWER	T1 $4.99
	2@ 5.99
CUT FLOWER	T1 $11.98
ACCESSORY CUT	T1 $1.25
NOSE ST	$50.09
GSTRX	$3.51
D/CARD	$53.60

April 21 / 2006

1. Catering
Dolly Abou

Kabobs $30
Potatoe cramps $40
Gulab Jaman $40
TOTAL. $110

2. India Grill
~~Bombay~~ ✓ $74.90 W

3. Sabzi Mandi Grocery ✓ $80.51 40¢ GST

4. Save on Foods $~~181.80~~ 180.21 * 91¢ GST ← GST on some items.

5. Bunches - Flowers ✓ $53.60 W

✓ 138.95 W

$6~~39~~.76

638.17

6. Drinks

APPLICANT COPY

APPLICANT COPY

Attachment #2

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**	
Position: EXEC. VP & CFO		**Department:** FINANCE + ADMIN	
Business Phone: 407-3652	**Period From:** MAY 1	**to** MAY 31/06 - Spain / Park	

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000	22.35 (33.38)	1.48	33.38 0.06	☐ ☒
201	9000	71115000006	62410000			21.50	☒
"	"	"	62414000	140.50	1.48	207.94	☐
201	9000	71115000006	69500000	61.00	1.48	90.28	☐
			[illegible]			[illegible]	☐
Less Cash Advance							☐
Total						$361.96	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	**Date:** July 13/06

Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO	**Phone #** 407-8008	
(Signature) Leila Ahmed for Sheila Weatherill		**Date** July 14/06	
Approved By: *(Print name)*	**Title:**	**Phone #**	
(Signature)		**Date**	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

APPLICANT COPY

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
May 3/06	Parking - AN & W				✓ 4.00		
	Parking - mtg 9 to Esperance				✓ 4.50		
4/06	Parking Shaw - LSA				✓ 2.00		
May 5-15/06	EHR Trip - Spain (see attached)		22.55 (Can 33.38)		140.56 (Can 207.94)	61.60	(Can 90.20)
				224.05 Euro 1.48			
				Total =	331.60		
May 17/06	LRT - 3 trips - mtg				6.75		
May 18/06	LRT - 1 trip EEDE				2.25		
May 22/06	Lunch	✓	8.86				
May 26/06	Parking - Hotel Mac Fum.				2.00		
						Total km	
						*(or alternate rate as outlined in Section 2 – Travel below) @	$0.43*
Totals			42.24		229.44	90.20	361.96

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 250 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

09/may/2006 CAO 00:02:10 FA/ 1406

Mesa: 9 Cubiertos: 12

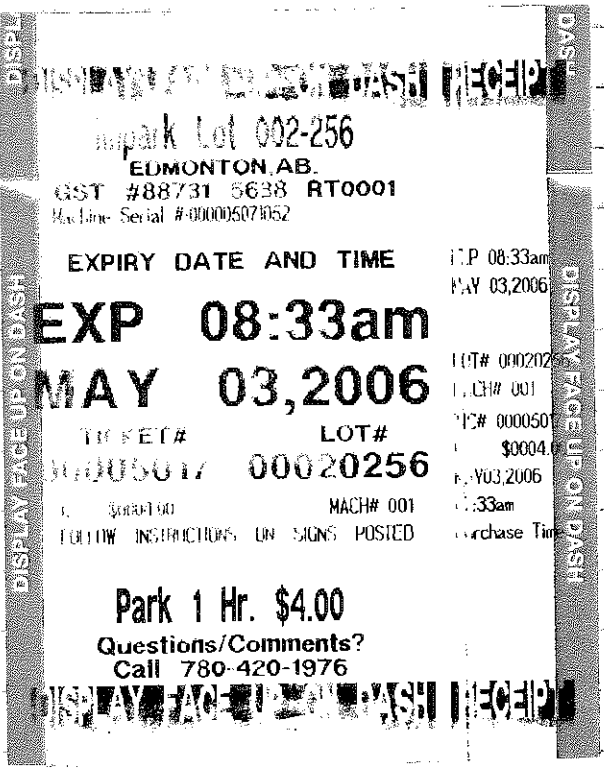
Cant.	Plato		Importe
12	PAN	1.90	22.80
3	FOIE DE MEMBRIL	14.50	43.50
1	CROQUETAS CHORIZO IBER		15.12
3	BOLETUS	15.00	45.00
5	LUBINA	21.00	105.00
3	LOMO CORDERO	18.00	54.00
1	SOLOMILLO BUEY		19.10
1	ENTRECOTE BUEY		17.00
1	SECRETO CERDO IBERICO		15.00
1	BACALAO		18.00
2	ENSALADA VERDE	2.00	4.00
2	VIÑAS GAIN 02	20.00	40.00
2	BARON DE RIVERO	10.00	20.00
12	PAPIRUSA COPA	1.90	22.80
6	AGUA 1/2L	1.70	10.20
2	SAN PELLEGRINO	2.10	4.20
6	CAFE	1.80	10.80
2	PIÑA SALTEADA A	5.80	11.60
1	NATILLAS DE TOMILLO		5.80
2	AFTER EIGHT	6.50	13.00

7.00 % I.V.A. sobre 486.[illegible] 34.78

TOTAL 531.70

PALOCORTADO.S.L. CIF: B92703230
AVD. PRIES 4 - MALAGA
Gracias por su visita

May 3



PARK'N DASH RECEIPT

Impark Lot 002-256
EDMONTON,AB.
GST #88731 5638 RT0001
Machine Serial #:00000507852

EXPIRY DATE AND TIME

EXP 08:33am
MAY 03,2006

TICKET# 00020256
LOT# 00020256
MACH# 001
FOLLOW INSTRUCTIONS ON SIGNS POSTED

TIME 08:33am
MAY 03,2006

LOT# 00020256
MACH# 001
VIC# 00005078
$0004.00
MAY03,2006
08:33am
Purchase Time

Park 1 Hr. $4.00
Questions/Comments?
Call 780-420-1976

DISPLAY FACE UP ON DASH

APPLICANT COPY

May 3

TELUS PARKADE
EST INV: RM1225B533

06MAY03 09:36 001 001
06MAY03 09:08 / 1:29 #13021

RATE 1 $4.50
TOTAL $4.50
CASH $4.50

THANK YOU - MERCI
PLEASE VISIT AGAIN

May 4

604983

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

OUT:

IN:

AMOUNT:

READ CONDITIONS CAREFULLY
• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

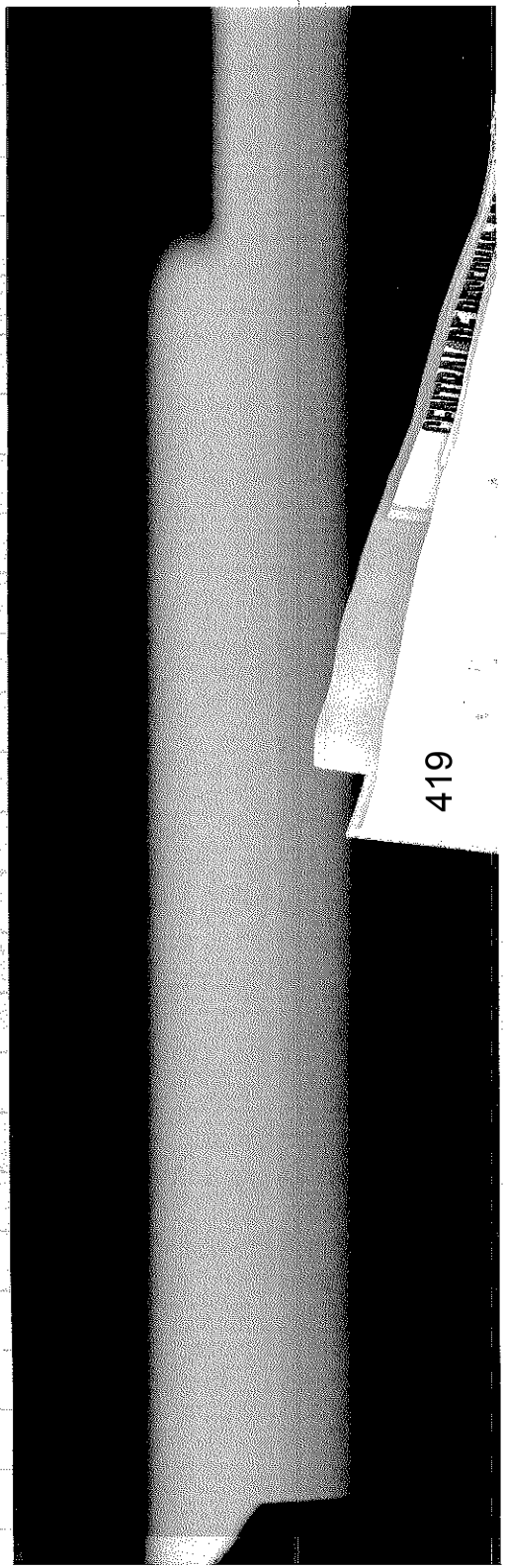
604983

RECYCLEABLE

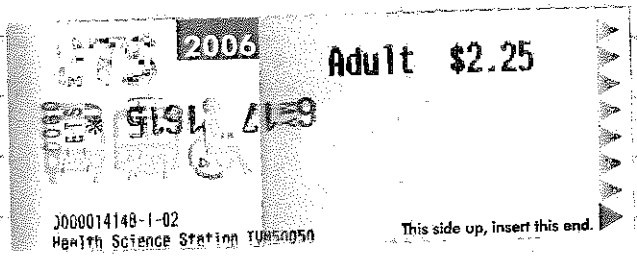
THIS FEE INCLUDES G.S.T. REG. #88731 5838 RT0001
VISIT OUR WEBSITE AT www.impark.com

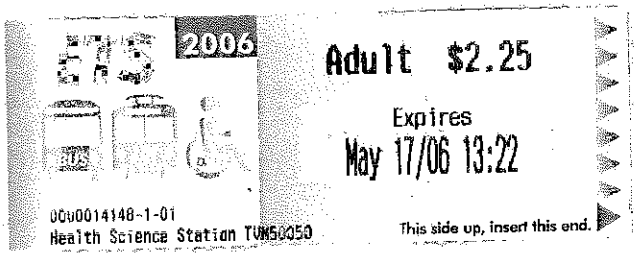
Parking
Long Service Award $2

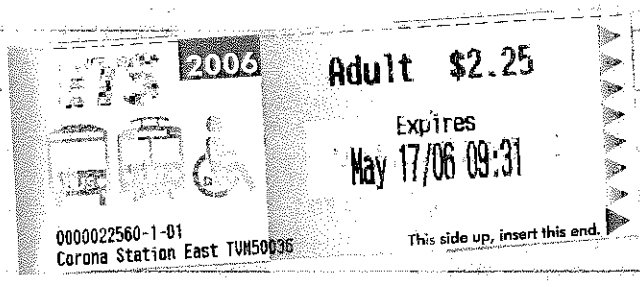
APPLICANT COPY



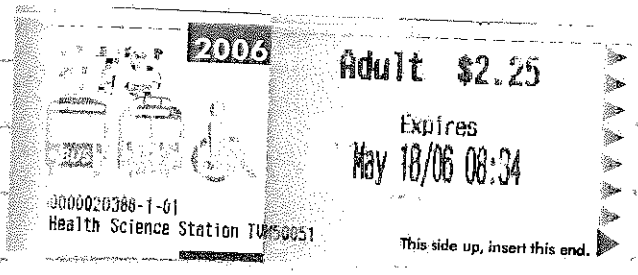
419


2006
Adult $2.25
0000014148-1-02
Health Science Station TVM50050
This side up, insert this end.


2006
Adult $2.25
Expires
May 17/06 13:22
0000014148-1-01
Health Science Station TVM50050
This side up, insert this end.


2006
Adult $2.25
Expires
May 17/06 09:31
0000022560-1-01
Corona Station East TVM50036
This side up, insert this end.

Cash


2006
Adult $2.25
Expires
May 18/06 08:34
0000020388-1-01
Health Science Station TVM30051
This side up, insert this end.

APPLICANT COPY

TIM HORTONS
EDMONTON AB
GST 867616336

#245 OUT

1 L TURKEY	5.79
WH.WHEAT	
NO TST	
1 SOUP	2.49
CHKNOODL	
TXB1	8.28
GST	.58
TXB3	8.28
TOTL	8.86
CASH	20.00
CHNG	11.14

RE-PRINT RECEIPT

SHIFT 1
0837 22:49 #01 MAY.22'06 REG0002

APPLICANT COPY

May 26

Cash

THE CITY OF Edmonton

No 004454

LIBRARY PARKADE

Official Receipt

G.S.T. # 119326270 RT0001

Amount: $ 2.00

Evening Parking

751 8097

Thank you for your patronage

Spain APPLICANT COPY

CASH PAYMENTS

- TIPS for Restaurant (tips are paid cash, not on credit cards - see credit card chapt)

6.00
2
1
20
30
2 61

- Cabs
  - with receipts (tips are extra)

	Tips	
€ 30		
€ 10		
€ 20		
€ 14		
€ 6		
€ 12.50		
€ 11.00		
€ 5		
108.50	8.00	118.50

  - without receipts

€ 5.00		
€ 12.00	22.00	140.50
€ 5.00		

- Meals/etc - receipt

	1.65		
	3.20	Cash 2.50	
	1.75	4.00	
	1.25		22.55
	2.20	2.00	
	10.05	10.50	
Tip	2.00		
	12.05		224.05
		(e) 1.48	
		CAN	$331.60

APPLICANT COPY

CAA Travel

ALBERTA MOTOR ASSOC.CTR#52
PO BOX 8180 STATION SOUTH
EDMONTON AB

CAA ALBERTA
RECEIPT

s.17(1), 17(4)(e.1)

BA

Mem Since: s.17(1), 17(4)(g)(i)

	ion	Amount	Domestic
1. SUN 4452393	300 @ 1.00 FOREIGN CURRENCY - US DOLLARS BOUGHT 300 USD @ 1.1584	300.00 USF	347.52
2. SUN 4452394	100 @ 1.00 FOREIGN CURRENCY - BRITISH POUNDS BOUGHT 100 GBP @ .1116	100.00 GBF	211.16
3. SUN 4452395	400 @ 1.00 FOREIGN CURRENCY - EURO DOLLAR BOUGHT 400 EUR @ 1.4738	400.00 EDF	589.52
	+200 from CIBC @ 1.452 = $290.30 for 200 Euros		
	Total		1148.20
	D Payment		1148.20

1. SUN FOREIGN CURRENCY - US DOLLARS
WE REGRET THAT WE ARE UNABLE TO BUY BACK ANY UNUSED FOREIGN CURRENCY.

2. SUN FOREIGN CURRENCY - BRITISH POUNDS
WE REGRET THAT WE ARE UNABLE TO BUY BACK ANY UNUSED FOREIGN CURRENCY.

3. SUN FOREIGN CURRENCY - EURO DOLLAR
WE REGRET THAT WE ARE UNABLE TO BUY BACK ANY UNUSED FOREIGN CURRENCY.

GST REGISTRATION : R100113091

FM90780 1000M 03/06 MPG 7084

APPLICANT COPY

Attachment #2

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department: FINANCE + ADMIN	
Business Phone: 407-3652	Period From: 01/06 to 30/06/06	

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62410000			42.75	☒
"	"	"	69500000			12.84	☑
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$ 55.59	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	Date: July 13/06

Approved By: (Print name) SHEILA WEATHERILL	Title: CEO	Phone #
(Signature) Leslie Shwed for Sheila Weatherill		Date July 14/06
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

June 04, 2006

Sunday

June 2006

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2006

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

7 am

8 00

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00

5 00

6 00

7:00pm - 8:30pm Dinner at Hotel MacDonald,Harvest Room - (Donna, Judy Falukner, EPIC, Dr. Ausford, Karen Combs,

TaskPad

TaskPad

Notes

Pankaj $5

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
June 4/06	Parking-mtg - Hotel Mee				$5.00	No rec.	
June 6/06	Parking - Presentation				14.00		
June 9/06	Parking - AHNW				9.00		
June 10/06	Ink					12.84	
June 22/06	LRT - Orion Presentation				2.25		
June 27/06	mtg at AHNW - LRT return				4.50		
June 29/06	Parking - CHC				8.00		
						Total km	
						*(or alternate rate as outlined in Section 2 – Travel below) @	$0.43*
Totals					42.75	12.84	55.59

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

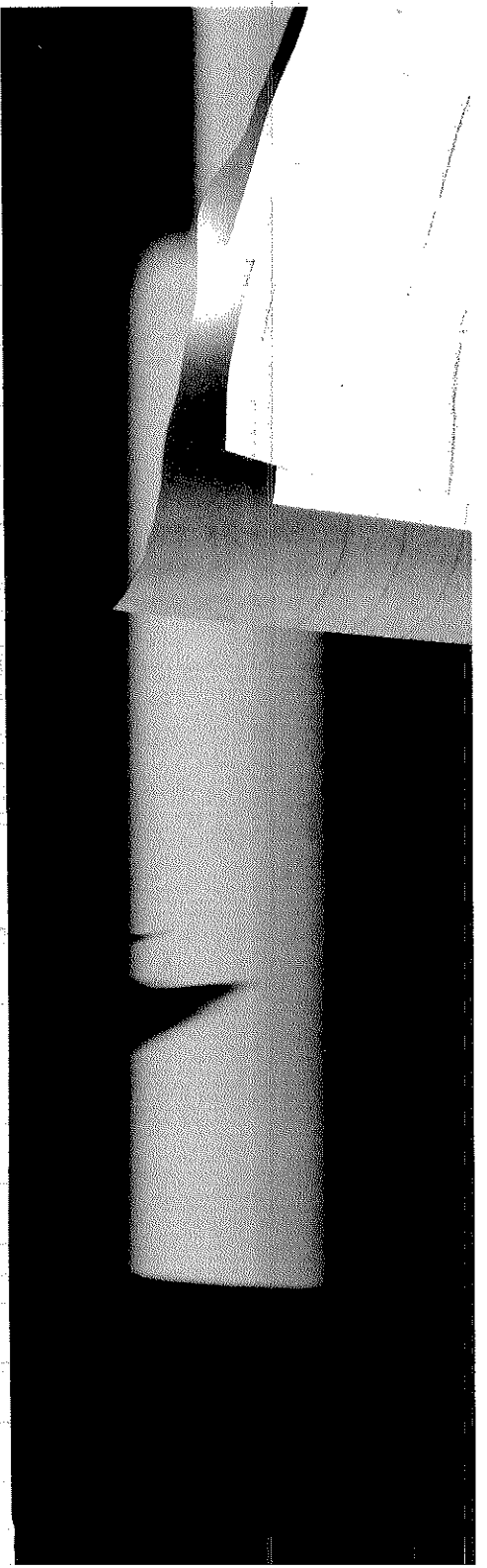
   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 250 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

TELUS PARKADE
GST INC. R#122388333

06JUN08 18:04 001 001
06JUN08 13:43
/ 4:21 #138481
RATE 1 $14.00
TOTAL $14.00
CASH $14.00

MANAGED BY
IMPERIAL PARKING



APPLICANT COPY

Best Copy Possible

Grant MacEwan C.C
10700-104 Avenue
Edmonton, Alberta
T5J 4S2
Parking Services
Tel: (780) 497-5875

Transaction Date: 09/26/2021 13:28:40

Subtotal:	$0.00
Amount Given:	$0.00
Change:	$0.00
TOTAL:	$0.00
Payment:	

Thank You, Have a nice day!

APPLICANT COPY

PREMIER JEWELLERS
346 Southgate Shopping Ctr
Edmonton, AB 493-430-0730

6/10/9h Bill of Sale 4:05PM

Employee: MEM Margaret Bill#: 98574

Item	Qty	Price	Total
12569 MONTBLANC Blue Ink Bottle	1	12.00	12.00

Quantity 1
Gross 12.00
Discount 0.00

Subtotal 12.00
G S.T. (13.0220939R1) 0.84

Net Sale 12.84

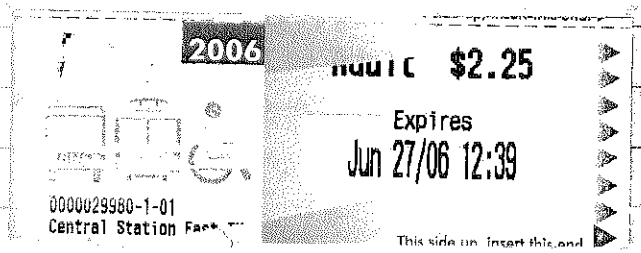
--Paid by: -
Visa

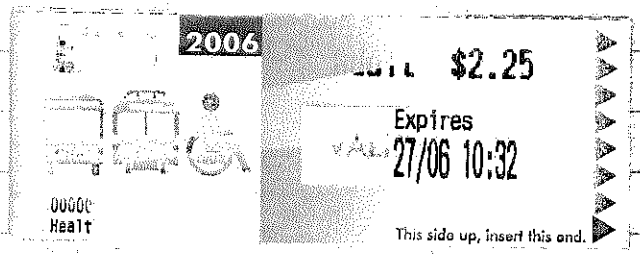
Merchandise must be returned within 14 days for exchange or credit note.

Thanks for shopping at Premier Jewellers

APPLICANT COPY

June 27





APPLICANT COPY

APPLICANT COPY

June 29 Cash

Parking

Name

Amount Pd: $ 8.00

Licence Prov.

Make Color

Date

№ 105990

APPLICANT COPY

Attachment #2

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department: FINANCE & ADMIN	
Business Phone: 407-3652	Period From: JUL 1 to JUL 31/06	

Attachment

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62410000			$ 19.50	☐
	"	"	62410001			59.00	☐
	"	"	62414000	$45. US	1.589	52.16	☐
	"	"					☐
							☐
							☐
Less Cash Advance							☐
Total						$ 130.66	☐

Capital Health RECEIVED AUG 17 2006 ACCOUNTS PAYABLE

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali **Date:** Aug. 10/06

Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO	**Phone #**	
(Signature)		**Date** Aug 15/06	
Approved By: *(Print name)*	**Title:**	**Phone #**	
(Signature)		**Date**	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
June 4/06	Taxi - meeting + work home				20.00		
	Taxi - return + work home				39.00		
July 6/06	Metro Parking (no receipt)				1.00		
July 13/06	Parking				2.00		
July 17-19/06	Taxis, Orlando, Fl.				$45.00 US = $52.16		
July 28/06	Parking - AHaW				12.00		
July 31/06	Parking - AHaW				4.50		
					$ 130.66		
						Total km	
						*(or alternate rate as outlined in Section 2 – Travel below) @	$0.43*
Totals							

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

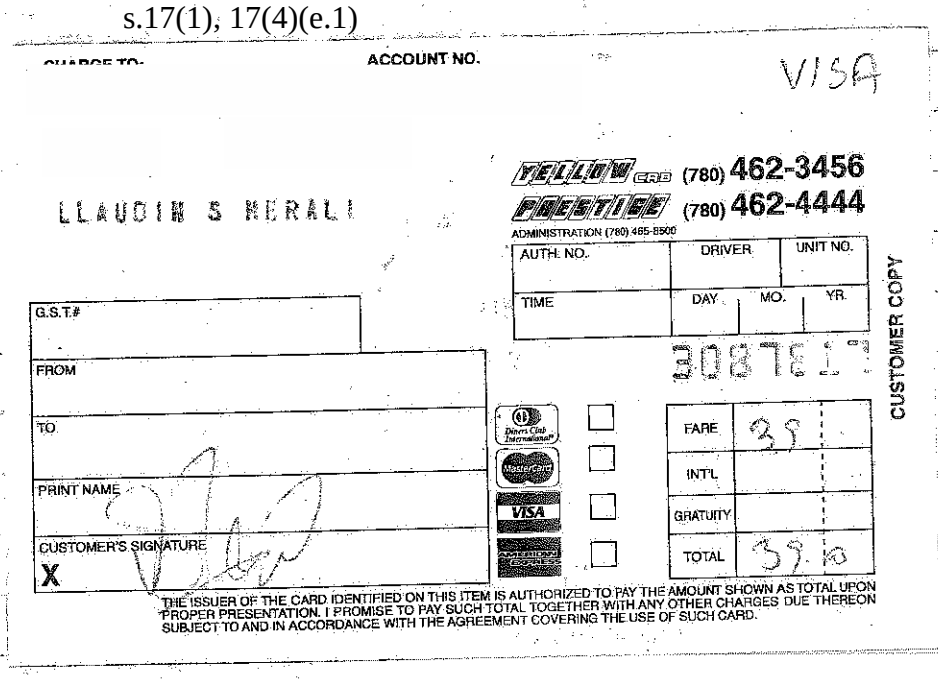
   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 250 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

Personal V.Sc

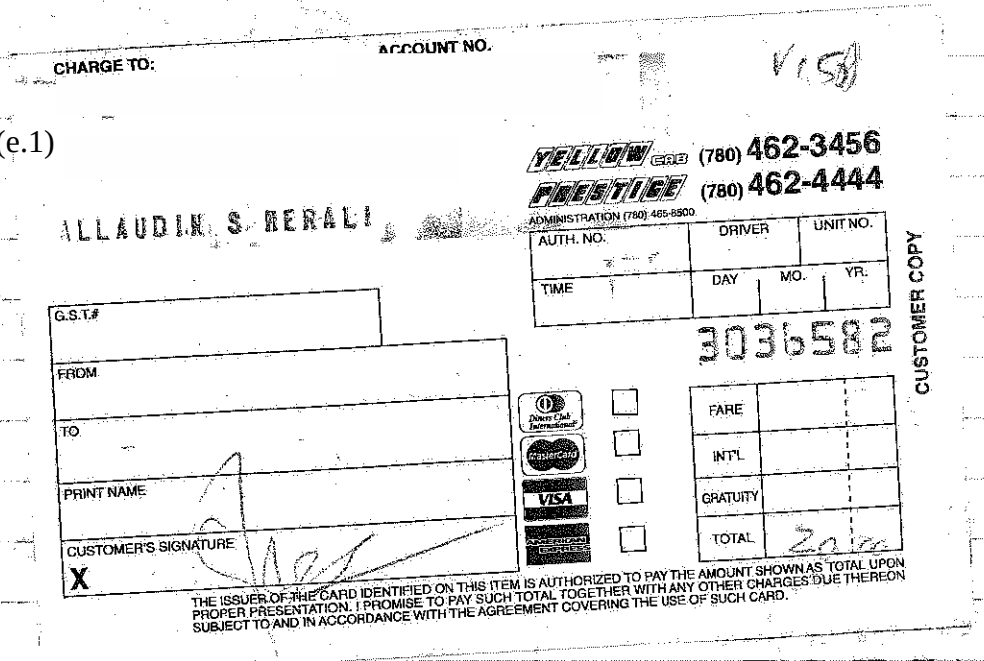
July 4/06

APPLICANT COPY

s.17(1), 17(4)(e.1)



s.17(1), 17(4)(e.1)



APPLICANT COPY

Standard Parking of Canada Ltd.

RECEIPT FOR PAID PARKING

PAID PARKING RECEIPT ONLY

DATE 13/07/06

CASHIER

LOCATION Bay

TICKET NO. 741517

AMOUNT PAID $ 2

G. S. T. # R100230770

APPLICANT COPY

July 17, 18, 19 - HP

US $

ATLAS USA TRAVEL

Thank you Please call

CHRIS or CURTIS

321-436-0944

407-346-5345

Special to Airport /Disney World
$39.00 reservation only

Paid $ 20

20

From _____

To _____

Driver _____

Cab No. _____

Date _____ Amount 25

25

Thank you for letting us serve your transportation needs.
We hope you enjoyed the ride.

US $45

rate = 1.589

Can $ = 52.16

APPLICANT COPY

THE CLEVELAND CLINIC FOUNDATION

Bringing World Class Innovations to Market

TELUS PARKADE
GST INC. R#122388333

06JUL28 12:59 001 001
06JUL28 09:08
/ 3:51 $143520
RATE 1 $12.00
TOTAL $12.00
CASH $12.00

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

THE CLEVELAND CLINIC FOUNDATION

Bringing World Class Innovations to Market

TELUS PARKADE
GST INC. #R122388333

06JUL31 15:14 001 001
06JUL31 13:50
/ 1:24 #143689
RATE 1 $4.50
TOTAL $4.50
CASH $4.50

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department:	
Business Phone: 407-3652	Period From: AUG 1/06 to AUG 31/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000			$5.42	☑
201	9000	71115000006	62410000			24.50	☑
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$29.92	☑

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali **Date:** May 20/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)*	**Title:** CEO	**Phone #**
(Signature)		**Date** May 22/07
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH-0312) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Aug 1/07	Mtg - Nisku + Jasper (return)				1.00 meter		
Aug 9/07	Mtg - Hotel Mac (return)				10.00		
Aug 29/07	Mtg and Allow.	✓	$5.42		✓ 13.50		
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals			$5.42		$24.50		$29.92

EXPENSE LIMITS

1. **Meal Allowances**

   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
Lunch	$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**

   Travel advance may be requested provided travel expenses are likely to exceed $500.

August 01, 2006

Tuesday

August 2006

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2006

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

7 am

Non-Responsive

8 00

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00

5 00

5:30pm-7:30pm Dinner with Nick Shandro (reservation made at Normand's)

6 00

TaskPad

TaskPad

Notes

Parking Meter $1

APPLICANT COPY

August 09, 2006

Wednesday

August 2006

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2006

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Non-Responsive

7 am

Roche Breakfasst Meeting (JP, Tim Seefeldt & Others) (Edmonton Room @ Hotel Mac)

8 00

Non-Responsive

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00

5 00

6 00

TaskPad

TaskPad

Parking cash £10

Notes

APPLICANT COPY

[redacted]

Cash

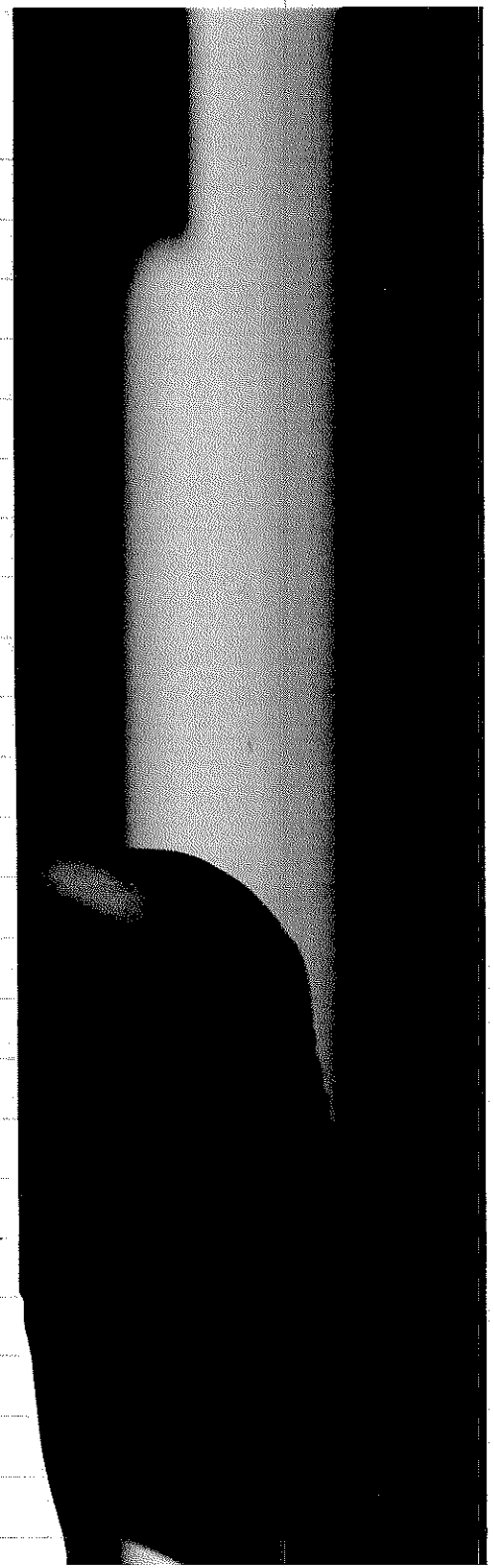
APPLICANT COPY

TELUS PARKADE
GST INC. R#122388333

06AUG28 13:04 001 001
06AUG28 08:59
/ 4:05 #146231

RATE 1	$13.50
TOTAL	$13.50
CASH	$13.50

MANAGED BY
IMPERIAL PARKING



APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC VP & CFO	Department: FINANCE	
Business Phone: 407-3652	Period From: Sept 1/06 to Sept 30/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69660000		286.13	304.45	☒
201	9000	71115000006	62460000			188.40	☒
							☐
							☐
							☐
							☐
Less Cash Advance						386.54	☐
Total						= 492.85	☒

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali	**Date:** May 26/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* [illegible]	**Title:** CEO	**Phone #**
(Signature)		**Date** May 22/07
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Sept. 1-4/06	Yorkton - Denmark trip	37.14 ✓	~~$28.79~~		$88.90	192.65	
		13.34	~~3.66~~		this $ is in		
Sept. 12/06	CEO Mtg						
Sept. 13/06	A+F - EGH		3.57		4.00	w	
Sept. 14/06	EEOC - A+F				12.00	"	
Sept. 15/06	Mtg - Faculty Club (rotun)						
Sept. 19/06	Mtg - 100 St. Jasper				8.00	w	
Sept. 21/06	J+J mtg - Canmore	US 7.03 ✓					
Sept. 24/06	Mtg - Hotel Mac			39.43 ✓ Can.			
Sept. 27/06	Mtg A Nor W				13.50	w	
Sept. 29/06	Home - airport				23.00	w	
Sept. 29-30/06	Mtg - Newyork		US 27.56		(US 35.00) = $39.90 Can ✓		
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals		93.48	304.45 ~~$288.13~~		188.40		

See attached

EXPENSE LIMITS

1. **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
Lunch	$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. **Travel**
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   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**

Travel advance may be requested provided travel expenses are likely to exceed $500.

69600	Exch. Rate	Total Cdn		62414	Exch. Rate	Total Cdn	62410	
17.14	2.167	37.14		88.90	2.167	192.65	4.00	
65.00	0.2053	13.34		35.00	1.14	39.90	12.00	
34.59	1.14	39.43					8.00	
		3.57	w/tax				13.50	
							23.00	
		$ 93.49				**$ 232.55**	**$ 60.50**	w/tax

Grand Total:

	93.49
	232.55
	60.50
	$ 386.54

APPLICANT COPY

HMSHOST
STARBUCKS C01
Chicago 773.686.6180

6617 Sarina

CHK 6989 SEP23'06 9:11AM

1	WATER VASA 25oz	2.49
	SUBTOTAL	2.49
	TAX	0.26
	AMOUNT PAID	2.75
	CASH	5.00
	CHANGE DUE	2.25

Total - $7.03 US

APPLICANT COPY

The Paradies Shops
Cincinnati / N.Kentucky Intl. Airport
Hebron, Ky

COCA COLA 22552159000
1.39 T

SUBTOTAL	$1.39
SOFT AND SPORTS DRIN	$0.08
TOTAL	$1.47
CASH	$5.00
CHANGE	$3.53

ITEMS 1 T, GREGORY
09/22/2006 06:07PM 0124 01 11394 0613

Thank You for Shopping at
The Paradies Shops
Cincinnati / N.Kentucky Intl. Airport

APPLICANT COPY

CA ONE SERVICES INC.
* Denver International Airport *
** Coffee Beanery **

1008 TERENCE S

9994 SEP21'06 9:48AM

2 Coffee REG @ 1.30	2.60
[illegible]	2.60
Total Tax	0.21
Total Paid.....	2.81
Cash (PRT)	10.00
Change Owed.....	7.19

****
PROVIDING CARE AND COMFORT
TO PEOPLE AWAY FROM HOME
****

Your order number is 9994

Sept 13

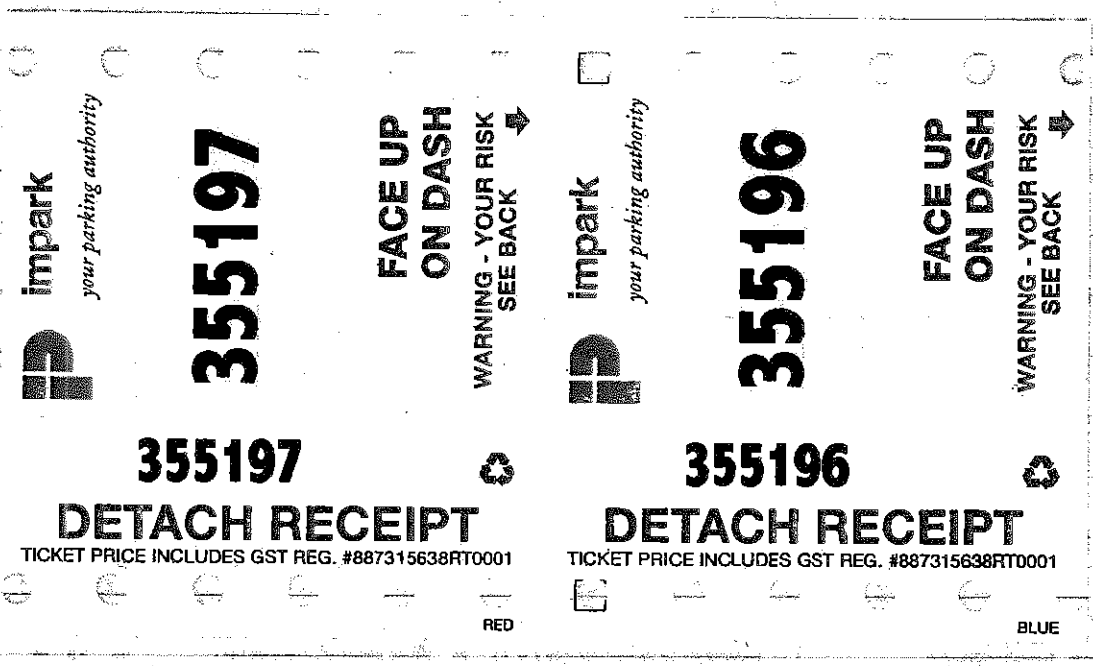
Copy

SECOND CUP
TELUS PLAZA
EDMONTON,ALBERTA
GST#868840547

M TEA	1.50	T
MUFFIN	1.87	T
GST	0.20	
TOTAL	3.57	
CATEND	5.00	
CHANGE	1.43	

ITEM 2
Sep 14/06 10:13TM
SHIFT 1 2540 4

Sept 13


impark
your parking authority
355197
FACE UP ON DASH
WARNING - YOUR RISK SEE BACK
355197
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #887315638RT0001
RED
impark
your parking authority
355196
FACE UP ON DASH
WARNING - YOUR RISK SEE BACK
355196
DETACH RECEIPT
TICKET PRICE INCLUDES GST REG. #887315638RT0001
BLUE

$4

APPLICANT COPY

Sept 14 Cash

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119328270 RT0001

Rcpt# 57681
09/14/06 13:37 Ln# 2 Aa# 40 Txn#190636
09/14/06 06:58 In 09/14/06 13:37 Out
Tkt# 072758

Regular Rate	$	11.32
Total Tax	$	0.68
Total Fee	$	12.00
CASH PAID	$	12.00-
Cash Tender	$	22.00
Change Due	$	10.00

THANK YOU
COME AGAIN

APPLICANT COPY

Name _____

Amount Pd: 8.00

Licence _____ Prov. _____

SEP 19 2018

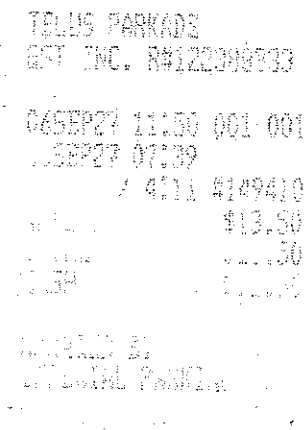
Make _____ Color _____

Date _____

Nº 112044

APPLICANT COPY

Best Copy Possible



APPLICANT COPY

New York

Sept 29 — Cab — Airport → Hotel — 35

Sept. 30 — Cabs - Saturday — Lunch — 6.00 — Dinner — 13.11

Sunday - 18
- 11

Monday - 14
- 20
- 16

B'Fast — 8.45

27.10
Toll 4.50
31.60
MED # 6D11
THANK YOU
Date 09/29/06
15:02 TO 18:31
TRIP # 31211
DIST 11.27 mi
FARE $ 26.10
EXTRAS $ 1.00
TOTAL $ 27.10
CONTACT TLC
DIAL 3-1-1

$ 35.00 U.S. $

Sept. 29/07

Amount $ 23 Cab #. _____

CAB COMPANY

Cab Fare From _____

To _____

Date _____

RECEIVED PAYMENT

Canadian
Home - airport
Sept. 29/07

Visa Invoices - Denmark - Sept 1 to 10

Cash

UK £

Cabs / Tube	14.00	
	4.90	
	30.00	
	15.00	
	7.00	
	3.00	
	15.00	88.90

- B'Fast etc 5.00 (no receipt)

(includes adapter for all) 7.74

2.95

1.45

17.14

£ 106.04

2.167

CAN $ 229.79

Denmark - Danish Krones

- B'Fast 35.00

30.00 65

no receipts

2053 2[illegible]

13.34 $ 3[illegible]6

Cash

Thank you for shopping at

Boots

LONDON - 213
(0207) 4029087

Served by. Nezha
2/09/2006 18:02
1

Go Trav Visitor	3 99
Evian Water 500ml	3 75
TOTAL TO PAY	7.74
CASH	10 00
CHANGE	2 26

You've just missed out on
30p
in points to spend in store.
Pick up your instant Advantage Card
today and start saving

Boots The Chemists Ltd.
601 8128 0213 131

APPLICANT COPY

*** Ticket re-routed from rcpt1

Paddington Station #12b41
Unit 3, Heathrow Express Area
The Lawn, Paddington Station
London,
012345

VAT NUMBER 651 4463 45

Take Away

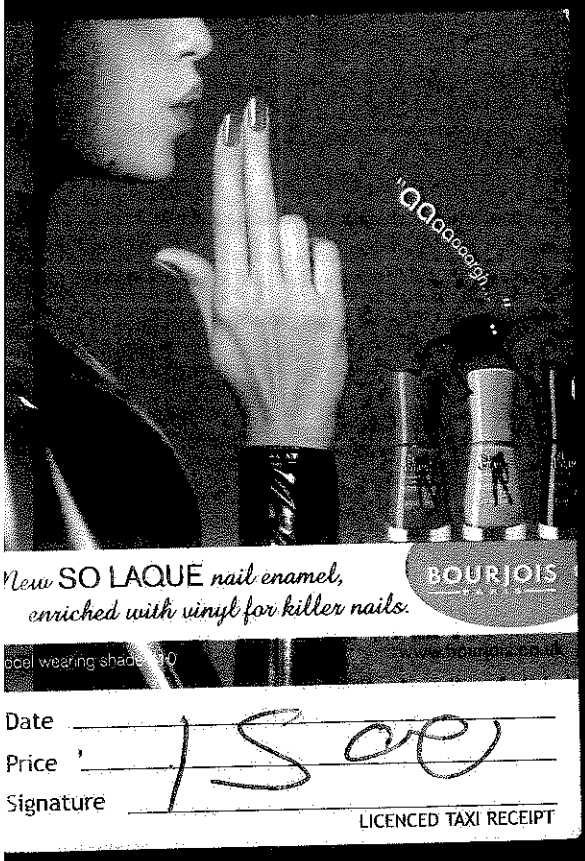
PIR:3021 Drawer: 1009 REG: 1

04/09/06 16:25:01

1 Tazo Tea Tall	1.45 T1
Total	1.45
T1,T3 Sales incl. Tax @17.5%	1.45
Total Tax	0.22
Cash	20.00
Change Due	18.55

849422

Thank You for Visiting
Starbucks



NT COPY

Elegance Cars

PRESTIGE CAR SERVICE

Tel: 020 7706 1066
Fax: 020 7706 9700
Mob: 07984 539 855

Date: 03.09.06

Mileage: .....

Fare: £3.50

Type of Vehicle: .....

Driver: .....

CASH RECEIPT
P.C.O. Licensed

LICENSED LONDON
TAXI RECEIPT©

BE SURE BE SAFE

AMOUNT £ 15.00p

Thank you
for your custom
ALWAYS USE A licensed TAXI CAB

JVBright TAXI PARTS

LICENSED TAX
RECEIPT for HIRIN

FARE

£ 7.00

Thank You!

Marriott
HOTELS & RESORTS

Revive
COLLECTION

To .....

From .....

Date .....

Amount .....

Signature .....

Licensed Taxi Receipt

Marriottrevive.co.uk

Bev Loustel
Senior Sales Consultant - Foreign Exchange

Thomas Cook Foreign Exchange
Edmonton City Centre
2nd Floor, #C227
10200 - 102 Avenue
Edmonton, AB Canada
T5J 4B7

Tel: 780 425 5426
Fax: 780 423 3610
Toll Free: 1 888 666 5426
bev.loustel@thomascook.ca
www.thomascook.ca

APPLICANT COPY

impark

814476

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

READ CONDITIONS CAREFULLY
• Vehicles not displaying valid Ticket on dash will be towed or charged at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO.:

OUT:

IN:

AMOUNT:

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

impark

814476

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

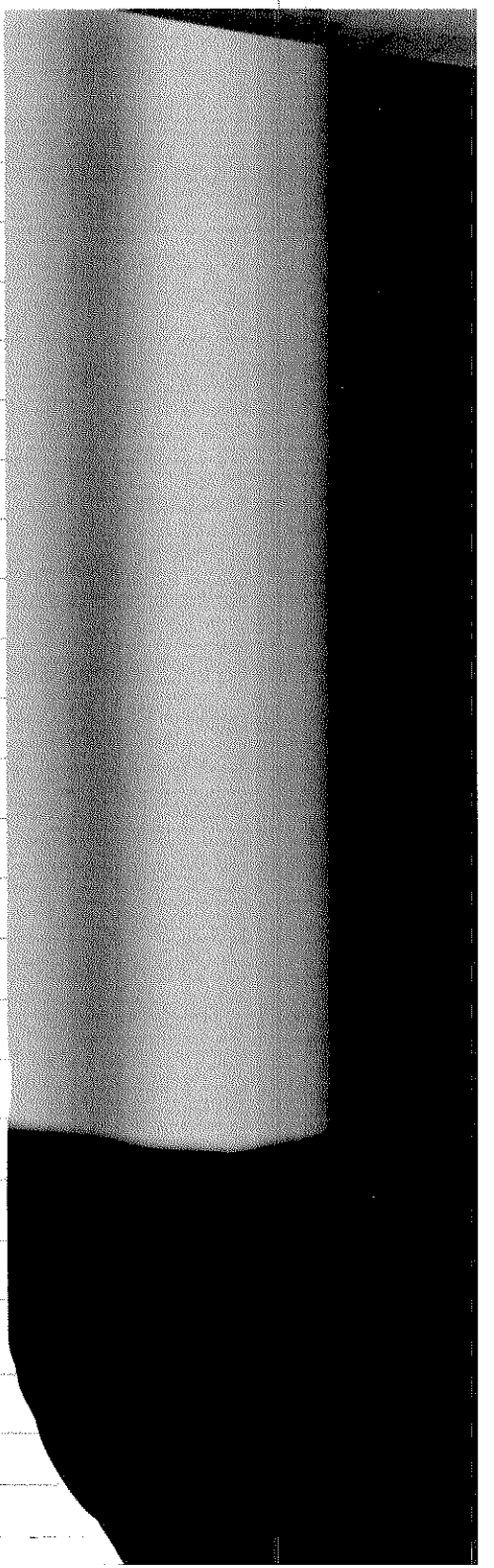
APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 9099
03/07/07 19:49 Ln# 2 Aa# 12 Txn# 29366
03/07/07 17:40 In 03/07/07 19:49 Out
Tkt# 169503

Regular Rate	$	3.30
Total Tax	$	0.20
Total Fee	$	3.50
CASH PAID	$	3.50-
Cash Tender	$	10.00
Change Due	$	6.50

THANK YOU
COME AGAIN



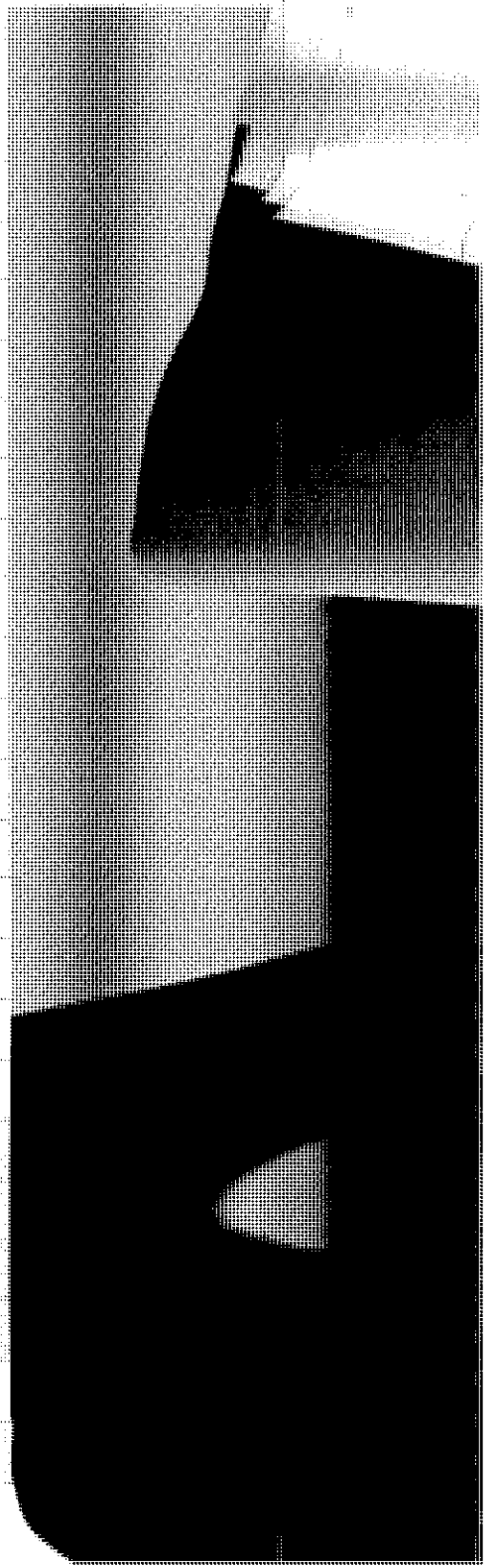
APPLICANT COPY

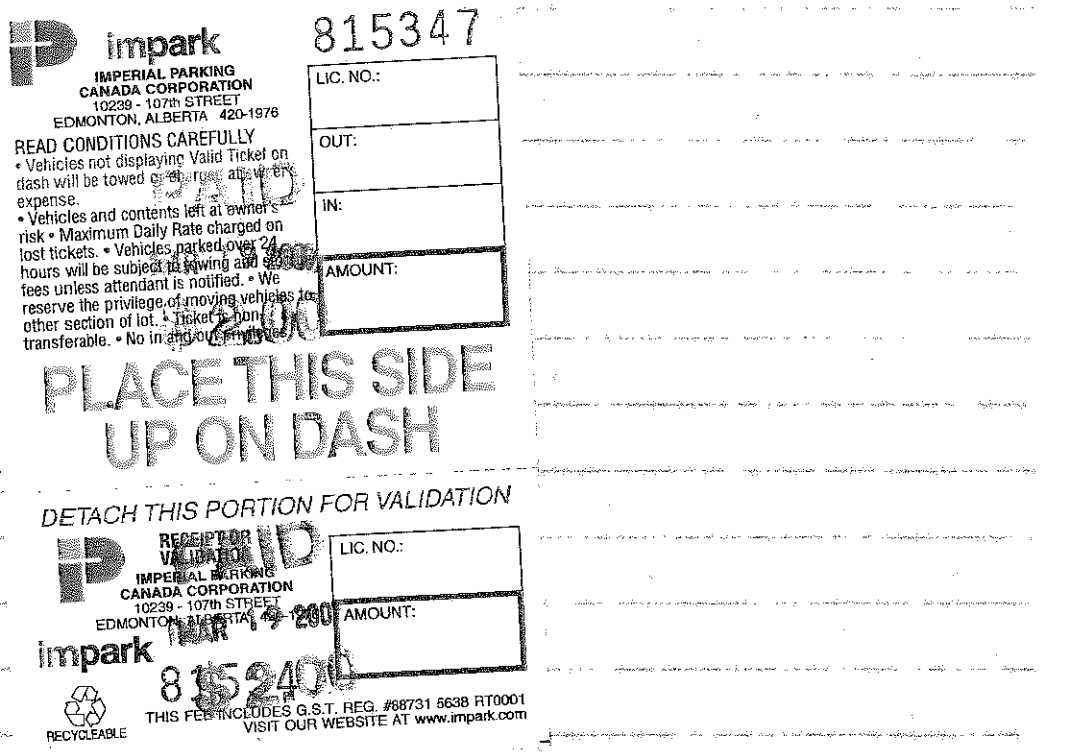
CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rept# 9859
03/12/07 19:49 L# 2 A# 14 Txn# 31938
03/12/07 17:10 In 03/12/07 19:49 Out
Tkt# 172578

Regular Rate	$	4.72
Total Tax	$	0.28
Total Fee	$	5.00
CASH PAID	$	5.00-
Cash Tender	$	10.00
Change Due	$	5.00

THANK YOU
COME AGAIN





impark
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

815347

LIC. NO.:
OUT:
IN:
AMOUNT:

READ CONDITIONS CAREFULLY
• Vehicles not displaying Valid Ticket on dash will be towed or stored at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges

PAID
MAR 14 2005

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

PAID
MAR 14 2005

LIC. NO.:
AMOUNT:

impark

815340

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119526270 RT0001

Rept# 11549
03/21/07 15:42 Ln# 2 AN 39 Tx#: 36807
03/21/07 07:43 In 03/21/07 15:42 Out
Tkt# 177573

Regular Rate	$	11.32
Total Tax	$	0.68
Total Fee	$	12.00
CASH PAID	$	12.00-
Cash Tender	$	20.00
Change Due	$	8.00

THANK YOU
COME AGAIN

APPLICANT COPY

TELUS PARKADE
GST INC. RW122388333

07MAR23 12:48 001 001
07MAR23 10:49
/ 1:59 #165531
RATE 1 $8.00
TOTAL $8.00
CASH $8.00

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

Mar 25/03

The City of Edmonton

№ 5867

LIBRARY PARKADE

Official Receipt

G.S.T. # 119326270 RT0001

Amount: $ 2.00

Evening Parking

751 8097

Thank you for your patronage

APPLICANT COPY

Thank You For
Parking At Commons
Please Perkode

07/04/28 10:15 STA 002
07/04/28 08:49 01
/ T:20 REG:70

SUBSTITUTE///
RATE $.00
TOTAL 0.00
Cash 0.00

Visa #XXXXXXXXXXX1
Have a Nice Day

APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

07/MAR/26 14:06 019 002
07/MAR/26 11:42 01
/ 1:24 #311461

S0041026961
RATE 6.00
TOTAL 6.00
Cash 20.00
CHANGE 14.00

GST #87777276601RT
Have a Nice Day

APPLICANT COPY

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPERIAL PARKING CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

impark 75748

THIS FEE INCLUDES G.S.T. REG. #98731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

RECYCLEABLE

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC VP & CFO	**Department:** FINANCE	
Business Phone: 407-3652	**Period From:** Oct. 1/06 **to** Oct. 31/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000			$ 19.98	☐
201	9000	71115000006	62410000			254.60	☑
							☐
							☐
							☐
							☐
Less Cash Advance						305.79	☐
Total						$274.80	☑

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali	**Date:** May 20/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)*	**Title:** CEO	**Phone #**
(Signature)		**Date** May 22/07
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Oct. 1/06	New York - Mtg		8.45 US	@ 19.98 Co	US 49.40	17.81	
Oct. 2/06	"		6.00 US		US 70.00	18.60 Co	
Oct. 3/06	" - EHR Exp Rel.				US 34.00		
Oct. 4/06	" "		2.92 US		US 36.00		
Oct 4/06	Return from Airport				32.00		
Oct. 11/06	Mtg - 116 St Jasper Rd						
Oct. 16/06	Conf - Shaw.				6.00		
16/06	Mtg - 116 St Jasper Rd						
Oct. 17/06	Lunch Mtg - Faculty Club.						
Oct. 20/06	Western CFO mtg.				12.00		
Oct. 23/06	EEOC & AHHW Mtgs.				14.00		
Oct 30/06	Mtg - 116 St + Jasper				2.00		
Oct 31/06	Mtg CHC				2.00 meter		
		See attached					
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals			$ 19.98		254.60 285.81		

(Rate: 1.15)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

	62414				69600		
	US	Exch. Rate	Total Cdn		US	Exch. Rate	Total Cdn
Oct 1/06	49.4	1.15	56.81		8.45	1.15	9.72
Oct 2/06	70	1.15	80.50		6.00	1.15	6.90
Oct3/06	34	1.15	39.10				
Oct 4/06	36	1.15	41.40		2.92	1.15	3.36
Oct 4/06			32.00	w/tax			
			$ 249.81				**$ 19.98**

62410
6.00
12.00
14.00
2.00
2.00
$ 36.00

Grand Total	**249.81**
	19.98
	36.00
	$ 305.79

New York

Cab Airport → Hotel 35

Cabs - Saturday Lunch 6.00
Dinner 13.11

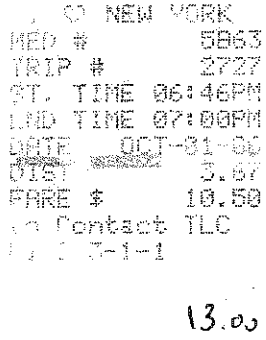
Oct 1 Sunday - 18
- 11
- 17.30
- 8.10
} 49.40

B'Fast ✓ 8.45 ✓
✓ 6.00 ✓
14.45

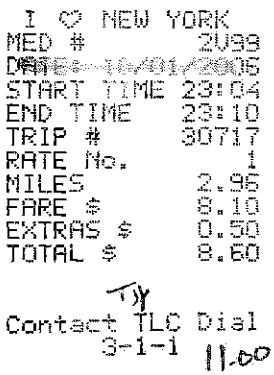
Oct 2 Monday - 14 ✓
- 20 ✓
- 16 ✓
- 20
} 70.00

Oct. 1/07 - US$

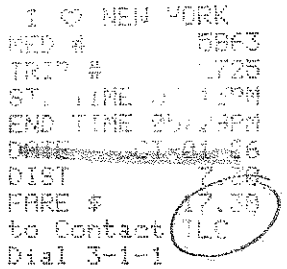
APPLICANT COPY

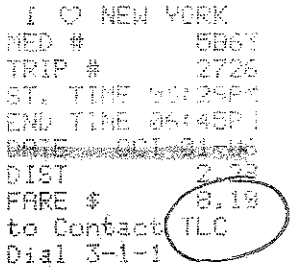

I ♡ NEW YORK
MED # 5863
TRIP # 2727
ST. TIME 06:46PM
END TIME 07:00PM
DATE OCT-01-06
DIST 3.67
FARE $ 10.50
to Contact TLC
Dial 3-1-1

13.00


I ♡ NEW YORK
MED # 2V33
DATE 10/01/2006
START TIME 23:04
END TIME 23:10
TRIP # 30717
RATE No. 1
MILES 2.96
FARE $ 8.10
EXTRAS $ 0.50
TOTAL $ 8.60

Thy
Contact TLC Dial
3-1-1 11.00


I ♡ NEW YORK
MED # 5863
TRIP # 2725
ST. TIME 12:??PM
END TIME 2:??PM
DATE OCT-01-06
DIST 7.58
FARE $ 17.30
to Contact TLC
Dial 3-1-1


I ♡ NEW YORK
MED # 5D6Y
TRIP # 2726
ST. TIME 05:25PM
END TIME 05:45PM
DATE OCT-01-06
DIST 2.22
FARE $ 8.10
to Contact TLC
Dial 3-1-1

Oct. 2/06 - US

APPLICANT COPY

CONNOLLY'S
PUB & RESTAURANT
121 WEST 45th ST. (6TH&Broad) 597-5126

0119 Table 998 #Party 1
ROBERT O SvrCk:280 21:18 10/02/06

1 PT IMPORT 6.00

Sub Total: 6.00
10/02 21:18 TOTAL: 6.00

Available For All Of
Your Party Needs!!
Holiday Parties,Business Parties,
Weddings,Showers,Birthdays,Etc.

Happy Hour Wednesday thru Friday at the
3rd Floor Bar 5pm - 7pm
See You There!!

& & & 431 & & &
********** STARBUCKS **********
306 JONATHAN

8227 OCT01'06 11:16AM

2 TEA 1 TALL	3.80
1 CROISS BUTTER	1.95
1 RAISIN SCONE	2.05
Subtotal	7.80
Tax	0.65
Payment	8.45
CASH	10.00
Change Due	1.55

----306 CLOSED OCT01 11:18AM----

DIAL 3-1-1 TLC

MED # 4M40
10/02/06 TR 4850
START END MILES

MED # 4836
10/02/06 TR 6536
START END MILES
14:10 14:23 7.2
FARE : $ 17.30
EXTRA: $ 0.00
TOTAL: $ 17.30
THANKS
TO CONTACT TLC

NEW YORK
MED # TF76
DATE: 10/02/2006
START TIME 15:44
END TIME 16:02
TRIP # 21605
RATE No: 1
MILES 4.02
FARE = 11.70

MED # 8868
10/02/06 TR 5868
START END MILES
18:18 18:39 5.7
FARE : $ 16.10
EXTRA: $ 1.00
TOTAL: $ 17.10
THANKS
TO CONTACT TLC
DIAL 3-1-1

APPLICANT COPY

Oct. 3/07 - Us$

MED # 5D15
10/03/06 TR 3914
START END MILES 6.0
07:36 07:56 15.30
FARE: $ 15.30
EXTRA: $ 0.00
TOTAL: $ 15.30
THANKS
TO CONTACT TLC
DIAL 3-1-1

+Tip 18.00

I ♡ NEW YORK
MED # 4J84
TRIP # 1741
ST. TIME 05:50PM
END TIME 06:11PM
DATE OCT-03-06
DIST 4.26
FARE $ 12.50
EXTRA $ 1.00
TOT FARE$ 13.50
to Contact TLC
Dial 3-1-1

+Tip 16.00

Oct. 4/07

Office Catering Specialists 800 705 4227

STORE #000000

QUESTIONS - CONCERNS?
Call us at 1 800 TALK ABP
Visit us at our website:
http://www.AUBONPAIN.COM

I ♡ NEW YORK
MED # 8K55
DATE: 10/04/2006
START TIME 04:01
END TIME 04:22
TRIP # 398
RATE No.
MILES 12.2
FARE $ 27.5
EXTRAS $ 0.5
TOTAL $ 27.8

+Tax
Contact TLC Dial 3-1-1

+ Tip 4.50

Date Oct. 4 2007

OFFICIAL RECEIPT

Canadian $

APPLICANT COPY

CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON

Rcpt# 92894
10/16/06 11:52 Ln# 2 Aa 9 Txn#256647
10/16/06 10:09 In 10/16/06 11:52 Out

Regular Rate	$	5.66
Total Tax	$	0.34
Total Fee	$	6.00
CASH PAID	$	6.00-
Cash Tender	$	6.00
Change Due	$	0.00

THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 63466
10/20/06 14:58 L# 2 A# 14 Txn#207637
10/20/06 08:48 In 10/20/06 14:58 Out
Tkt# 091442

Regular Rate	$	11.32
Total Tax	$	0.68
Total Fee	$	12.00
CASH PAID	$	12.00-
Cash Tender	$	20.00
Change Due	$	8.00

THANK YOU
COME AGAIN



APPLICANT COPY

TELUS PARKADE
GST INC. RM122388333

06OCT23 12:10 001 001
06OCT23 07:11
/ 4:59 #151911
RATE 1 $14.00
TOTAL $14.00
CASH $14.00

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

Oct 28

WARNING - YOUR RISK
SEE BACK

impark
your parking authority

076570

FACE UP
ON DASH

WARNING - YOUR RISK
SEE BACK

076570

DETACH RECEIPT

TICKET PRICE INCLUDES GST REG. #887315638RT0001

WHITE

4 2 hrs

APPLICANT COPY

Metro Columbia Health Center
Oct 31
Nov 1
42
54

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC. VP & CFO	**Department:**	
Business Phone: 407-3652	**Period From:** NOV. 1/06 **to** NOV. 30/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000			23.46 ~~24.14~~	☐ 4.45 n 19.01 n
201	9000	71115000006	62410000			30.00	☒
201	9000	71115000006	61020005			540.45 n	☐
201	9000	71115000006	62414000			70.39 n	☐
							☐
							☐
Less Cash Advance						664.30	☐
Total						~~664.98~~	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali **Date:** May 25/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* A Woodley	**Title:** CEO	**Phone #**
(Signature)		**Date** May 22/07
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Nov.1/06	Mtg - CHC				$4.00 Metro Home.		
Nov.14-18/06	Phone calls - long distance		(requested on invoice)			$468.33 US ($540.45 Can)	
Nov.2/06	Parking - EEDC				12.00		
Nov.25-29	RSNA - Chicago		(US. 20.92) 24.14 Can		$61.00 US (70.39 Can)		
Nov 29	Parking - Skew Cal.				2.00		
			(6.47 US -> 14.01 Can				
Nov 3/06	Parking - Skew Cal		4.45 Can		2.00		
Nov 3/06	[illegible]				8.00		
Nov 6/06	Exchange rate @ 1:154				2.00		
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals			~~24.14~~ 23.46		100.39	540.45	

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

Chicago RSNA

Nov 25 Saturday ✓ Meal – $4.45 Cdn

26 Sun 10 ✓

27 Mon - Arvig 16 (no receipt) ✓
- Cabs 10 ✓
10
- ~~3.14~~
6.75 ✓
28 Tues - Bicept ~~6.58~~
3.14 ✓ ✓
Cabs 10
" 15

Nov. 29 Wed - B/fast 6.58 ✓

Taxi: 10
16
10
10
15
61 US
↓
70.39 Cdn

Meal: 6.75
3.14
6.58
16.47 US
↓ 19.01 Cdn
4.45 Cdn w/tax

APPLICANT COPY

APPLICANT COPY

CHOICE
TAXI ASSOCIATION INC.
For Cab Service Call (773) 338-9502
Thank you for your patronage.
We accept AmEx, Visa, MC, Discover, Diners Club

$ 10 Date Time

Received from

Cab fare from

To

Driver

Cab no.

Receipt Advertising Info: ChicagoDispatcher.com

Visit us at:

AHA: Exhibit 2009
November 12 - 14

RSNA: South Hall, Exhibit 1129
November 26 - December 1

Made for Life

TOSHIBA
www.medical.toshiba.com

HMSHOST
CORNER BAKERY F09
Chicago 773.686.6180

5270 Latonya

5224 NOV29'06 8:31AM

1	WATER VASA 25oz		2.49
1	MUFFIN		1.89
1	SM HOT TEA	1	1.59
	CASH		10.00
	SUBTOTAL		5.97
	TAX		0.61
	AMOUNT		6.58
	CHANGE		3.42

McCormick Food S
Credit Card

CHECK: 3249
SERVER: 2015 beth
DATE: NOV29 [illegible]
CARD TYPE: M C
ACCT #: XXXXXXXXXXXX
EXP DATE: XX XX
AUTH CODE: 000906
RESEARCH: 6532150
ALLADIN MEDIA

SUBTOTAL: 6.735

Gratuity

Total

Signature

PLEASE SIGN TOP COPY ONLY
TAKE BOTTOM COPY

APPLICANT COPY

For Cab Service Call
1-800-TAXI-123
- Flat rates to airports
- Corporate Accounts

Most major credit cards accepted

$ 10 Date Time

Received from

Cab fare from

To

Driver

Cab no.

Receipt Advertising Info: ChicagoDispatcher.com

Visit us at:
AHA: Exhibit 2009
November 12 – 14
RSNA: South Hall, Exhibit 1129
November 26 - December 1
Made for Life
TOSHIBA
www.medical.toshiba.com

TOAST
GST# 13

TOTAL
CASH
CHANGE

C-ID 002

Best Copy Possible

NORDSTROM

MICHIGAN AVENUE
55 E GRAND AVE
CHICAGO, IL 6062
(312) 464-15

1 CASH 220/6007 919

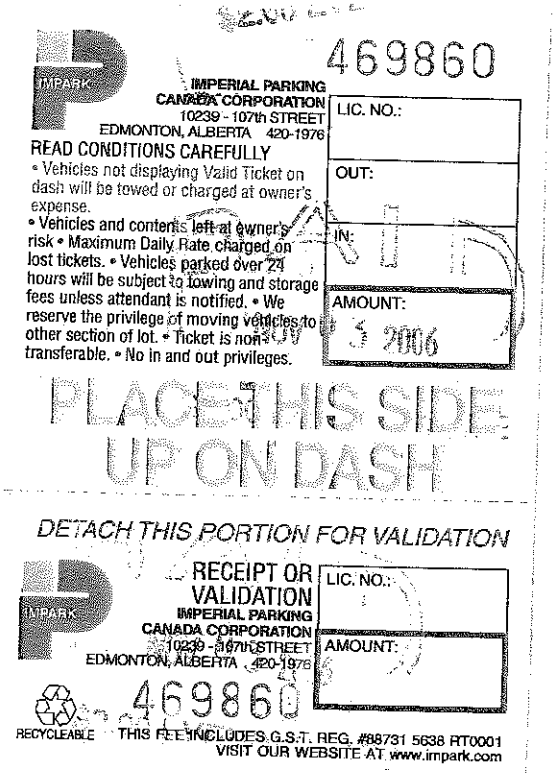
1136	DRIP COFFEE GRANDE	1.50
1136	GRANDE HOT TEA	1.35
	SUBTOTAL	2.85
	SALES TAX	0.29
	CASH AMT TENDERED	20.00
	CHANGE DUE	16.86-
TOTAL	11/28/06 16:17	3.14

THANK YOU FOR VISITING
NORDSTROM RESTAURANTS

Metro Cafeteria Health Card

Oct 31 $2 ✓

Nov 1 $4



469860

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

OUT:

IN:

AMOUNT:

READ CONDITIONS CAREFULLY

• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense. • Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

469860

RECYCLEABLE THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY

TELUS PAYMENT
931 ANC" #M1223903S3

09/09/05 12:21 001 001
09/09/05 10:45
PAY 1 / 1:34 M15049
CASH $8.00
TOTAL $8.00
$8.00

MANAGED BY
INTERNATIONAL PAYMENTS

APPLICANT COPY

$2.00 EVENING RATE

471440

IMPARK

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

READ CONDITIONS CAREFULLY

dash will be [illegible]

• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO.:

OUT:

IN:

AMOUNT:

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

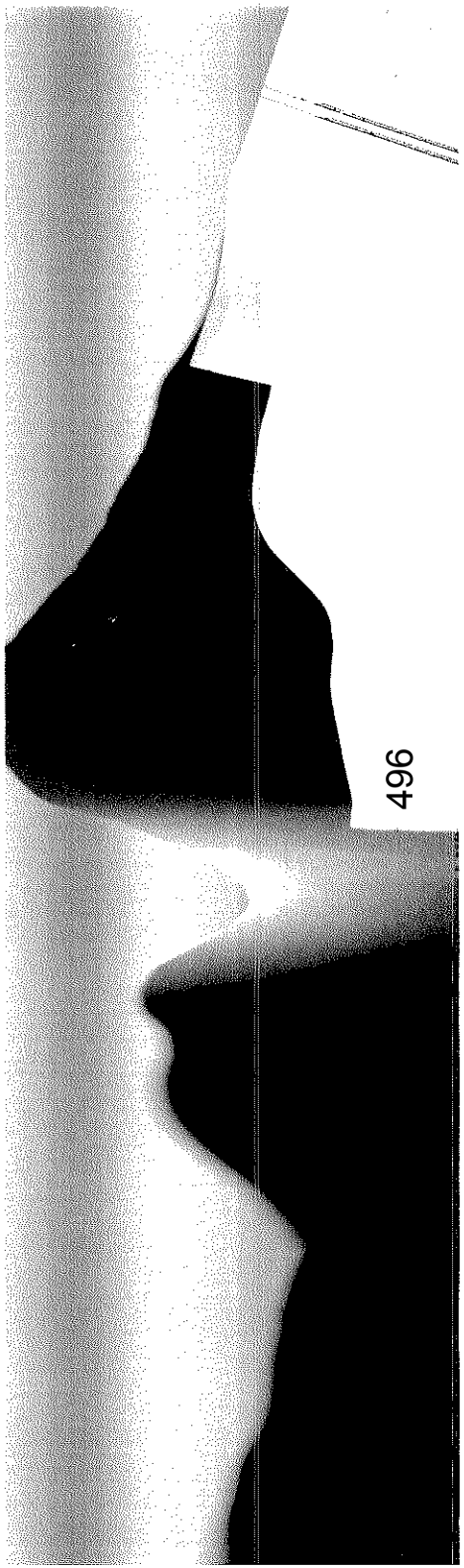
LIC. NO.:

AMOUNT:

471440

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com



Carnival Cruise Lines

SAIL AND SIGN STATEMENT

MR ALLAUDIN MERALI

Ship: M.S. VICTORY
Cabin #: 7211
Authorization #: 5980
Booking Number : 2LW748
Passenger Seq #: 11

Date: 19-NOV-2006 12:30 AM
Voyage #: VI20061112007
Voyage Date: 12-Nov-2006

This statement represents the charges made to your Sail & Sign account during the cruise. If you have already provided us with a credit card voucher, there is no need to stop by our office before disembarking as the billing will be submitted directly to your credit card company. If you have any questions concerning this statement, please see our representative at the Purser's Information Desk.

Date	Description		Receipt	Folio	Sale Amt	Tax	Gratuity	Total
11/14/2006	In-cabin Call	925	3462	7812	76.89	0.00	0.00	76.89
11/18/2006	In-cabin Call	925	4460	7812	167.76	0.00	0.00	167.76
11/18/2006	In-cabin Call	925	4498	7812	111.84	0.00	0.00	111.84
11/18/2006	In-cabin Call	925	4593	7812	20.97	0.00	0.00	20.97
11/18/2006	In-cabin Call	925	4598	7812	27.96	0.00	0.00	27.96
11/18/2006	In-cabin Call	925	4754	7812	62.91	0.00	0.00	62.91

Total Charges: 468.33

540.45 Can

THANK YOU FOR SAILING WITH CARNIVAL CRUISE LINES !!!

*Any activity after **midnight** on the last night of sailing may not be shown on this statement.*

Carnival Cruise Lines

SAIL AND SIGN STATEMENT

MR ALLAUDIN MERALI

Ship: M.S. VICTORY
Cabin #: 7211
Authorization #: 5980
Booking Number : 2LW748
Passenger Seq #: 11

Date: 19-NOV-2006 12:30 AM
Voyage #: VI20061112007
Voyage Date: 12-Nov-2006

This statement represents the charges made to your Sail & Sign account during the cruise. If you have already provided us with a credit card voucher, there is no need to stop by our office before disembarking as the billing will be submitted directly to your credit card company. If you have any questions concerning this statement, please see our representative at the Purser's Information Desk.

Date	Description	Receipt	Folio	Sale Amt	Tax	Gratuity	Total
	Less Non-Refundable Onboard Credits Applied:			0.00			
	Less Cash Deposits:			0.00			
	Less Refundable Onboard Credits Applied:						
	Less Shore Excursion Pre-Sales Credits Applied:			0.00			
	Plus Cash Refunds:			0.00			

s.17(1), 17(4)(g)(i)

NET BALANCE:

Folio 7812 MR ALLAUDIN MERALI
Folio 7813

s.17(1), 17(4)(g)(i)

THANK YOU FOR SAILING WITH CARNIVAL CRUISE LINES ! ! ! !

*Any activity after **midnight** on the last night of sailing may not be shown on this statement.*

APPLICANT COPY

$2.00 EVENING RATE 473295

IMPARK

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

OUT:

IN:

AMOUNT:

READ CONDITIONS CAREFULLY

• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense. • Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

IMPARK

RECEIPT OR VALIDATION

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

473295

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119328270 RT0001

Rcpt# 65579
11/02/06 11:13 L# 2 AM 12 Tam#214463
11/02/06 07:29 In 11/02/06 11:13 Out
Tkt# 095584

Regular Rate	$	11.32
Total Tax	$	0.68
Total Fee	$	12.00
CASH PAID	$	12.00-
Cash Tender	$	15.00
Change Due	$	3.00

THANK YOU
COME AGAIN

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC VP+ CFO	Department:	
Business Phone: 407-3652	Period From: DEC. 1/06	to DEC. 31/06

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62410000			$27.00	☒
							☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$27.00	☒

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali	Date: May 25/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)*	Title: CEO	Phone #
(Signature)		Date May 22/07
Approved By: *(Print name)*	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Dec 7/06	Parking - CH Kenty.				$15.00		
Dec 11/06	Parking - Shawlat.				2.00		
Dec 29/06	Parking - A Hosp				8.00		
Dec 30/06	Parking -				2.00		
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals					$27.00		

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

TELUS PARKADE
GST INC. R#122388333

06DEC07 19:54 001 002
06DEC07 14:18
/ 5:36 #156405
RATE 1 $15.00
TOTAL $15.00
CASH $15.00

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

475596

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

READ CONDITIONS CAREFULLY

• Vehicles not displaying Valid ticket on dash will be towed or charged at owner's expense. • Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO.:

OUT:

IN:

AMOUNT:

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

475596

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY

TELUS PARKADE
GST INC. #R122908233

001 002
09DEC26 11:45
09DEC26 09:49
#15019 1 / 1:56

RATE 1
TOTAL $8.00
CASH $8.00
$0.00

PAYMENT BY
CUSTOMER COPY

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

RcptN 22912
12/30/06 22:09 Lm 1 Am 40 TxnMl60265
12/30/06 17:58 In 12/30/06 22:09 Out
Tkt# 134749

Regular Rate	$	1.89
Total Tax	$	0.11
Total Fee	$	2.00
CASH PAID	$	2.00-
Cash Tender	$	2.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number	Union Name:
Position: EXEC. VP & CFO	Department:	
Business Phone: 407-3652	Period From: JAN. 1/07 to JAN. 31/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	7111500000 6	624100000			$24.50	☑
							☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$24.50	☑

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali Date: May 20/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* [illegible]	Title: CEO	Phone #
(Signature)		Date May 22/07
Approved By: *(Print name)*	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Jan 4/07	Parking - mtg.				$2.00		
Jan 9/07	Parking - AHHW -				15.00		
Jan 25/07	Parking - EEOC				7.50		
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals					$24.50		

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

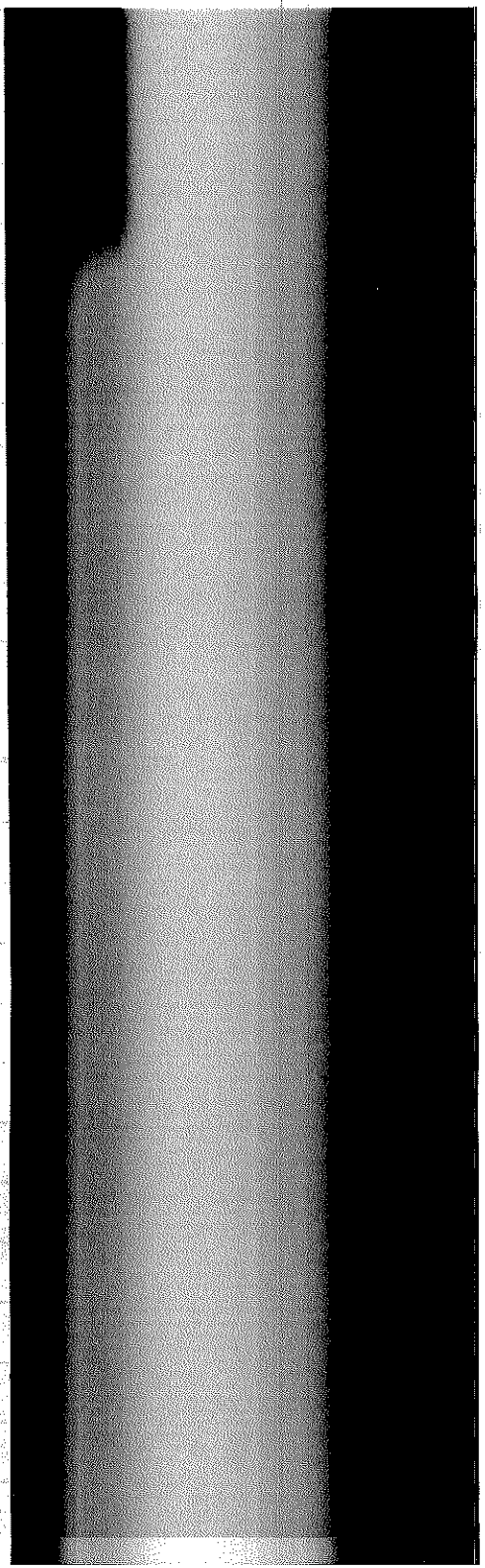
APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119526270 RT0001

Rcpt# 75290
01/04/07 20:30 L# 2 A# 28 Txn#246872
01/04/07 17:56 In 01/04/07 20:30 Out
Tkt# 135784

Regular Rate	$	1.89
Total Tax	$	0.11
Total Fee	$	2.00
CASH PAID	$	2.00-
Cash Tender	$	2.00
Change Due	$	0.00

THANK YOU
COME AGAIN



APPLICANT COPY

TELUS PARKADE
GST INC. M01220B839

07JAN09 21:51 001 002
07JAN09 12:52 / 8:59 #1500455

RATE 1 $15.00
TOTAL $15.00
CASH $15.00

HANDED BY
CASHIER

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 2697
01/25/07 09:52 L# 2 A# 37 Txn# 7991
01/25/07 07:18 In 01/25/07 09:52 Out
Tkt# 146162

Regular Rate	$	7.00
Total Tax	$	0.42
Total Fee	$	7.50
CASH PAID	$	7.50-
Cash Tender	$	10.00
Change Due	$	2.50

THANK YOU
COME AGAIN

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**	
Position: EXEC VP & CFO		**Department:** FINANCE + ADMIN	
Business Phone: 407-3652	**Period From:** FEB 1/07	**to** FEB 28/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	7111500006	69500000			55.42	☑ 39.42 16.00
201	9000	7111500006	69600000		33.79	~~30.20~~ 10.98 22.89	☐
201	9000	7111500006	62410000		✓	60.00	☒
201	9000	7111500006	62414000		✓	47.00	☐
							☐
							☐
Less Cash Advance						205.09	☐
Total						~~220.50~~	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: [signature] **Date:** May 28/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* [signature]	**Title:**	**Phone #**
(Signature)		**Date**
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Exchange 1.1972

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Mat...

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Feb 3/07	Parking - Mtg - Hotel Mtce.				✓ *15.00		
Feb 4/07	Travel - Madison, Wis.		✓ *4.43				
Feb 4-6/07	EPIC Mtg - Madison		US $ [illegible] (Can)		(US *40.00 ✓ (47.88		26.70 w
Feb 8-11/07	CEO Summit - Lake Louise	8.89		10.64		42.70	16.00 m
Feb 11/07	Working Lunch		✓ 6.47				
Feb 12/07	Parking				✓ 3.50		
Feb 13/07	Parking				✓ *15.00		
Feb 14/07	Parking				✓ 4.00		
Feb 20/07	Parking - EEDC				✓ 6.00		
Feb 21/07	Parking				✓ 2.00		
Feb 22/07	Parking - EEDC				✓ 10.50		
Feb 22/07	" - Alum.				✓ 12.00		
Feb 21-27/07	Himss		*45 10.29 ✓ (12.25C)				
Feb 18/07	Ink					✓ 12.72	w
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals			*~~30~~ 20 / 33.79		* 115.88	55.42	

EXPENSE LIMITS

1. **Meal Allowances**

   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
Lunch	$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**

   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Telus CEO Summit Feb 8 - 11

Mileage (part of vehicle allowance)

Tips	- Car Parks	6.00	
	"	6.00	
	- Luggage	4.00	16.00
Park Fees			26.70
			42.70

APPLICANT COPY

				2009
NORTHERN PARK BACKCOUNTRY EXCURSION/CAMPING				
Per Person				
* Daily	19.80	24.75	24.75	
* Annual	123.80	148.60	148.60	
Valid in any national park or national park reserve in Nunavut and the Northwest Territories as well as in Ivvavik National Park in the Yukon Territory.				
FISHING				
Per Permit				
* Daily	8.90	9.90	9.90	
* Annual	29.70	34.65	34.65	
BUSINESS LICENCES (ANNUAL)				
Guiding				
* Each Guide	7.90	7.90	7.90	
Outfitter				
* Non-resident Outfitter	198.10	198.10	198.10	

BANFF NATIONAL PARK

	July 1, 2006	April 1, 2007	April 1, 2008	April 1, 2009
ENTRY				
Daily				
* Adult	8.90	8.90	9.90	
* Senior	7.65	7.65	8.40	
* Youth	4.45	4.45	4.95	
* Family/Group	17.80	17.80	19.80	
* Commercial Group, per person	5.45	6.40	7.40	8.40
* School Groups, per student	3.95	3.95	3.95	
CAMPING				
One Night				
* Tunnel Mountain — Water, sewer, and electrical	32.65	35.65	38.60	
* Tunnel Mountain — Unserviced with washroom building having toilets and showers	23.75	25.75	27.70	
* Tunnel Mountain — Electrical	27.70	29.70	32.65	
* Two Jack Main — Unserviced with washroom building having toilets only	18.80	20.80	21.75	
* Two Jack Lakeside — Unserviced with washroom building having toilets and showers	23.75	25.75	27.70	

APPLICANT COPY

Feb 2 Cash Parking $15

TO ORDER YOUR VEHICLE

The Fairmont Hotel MacDonald Edmonton

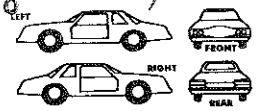
Please Dial ☎ 6918

(allow 15 minutes advance notice to have your vehicle waiting)

$15.00 RECEIVED

83998 VEHICLE#

SEE REVERSE FOR CONDITIONS



Damage area indicated by X

Cash

APPLICANT COPY

HOST INT'L OF CANADA, LTD
STREET PERFORMERS
EDMONTON INTERNATIONAL AIRPORT

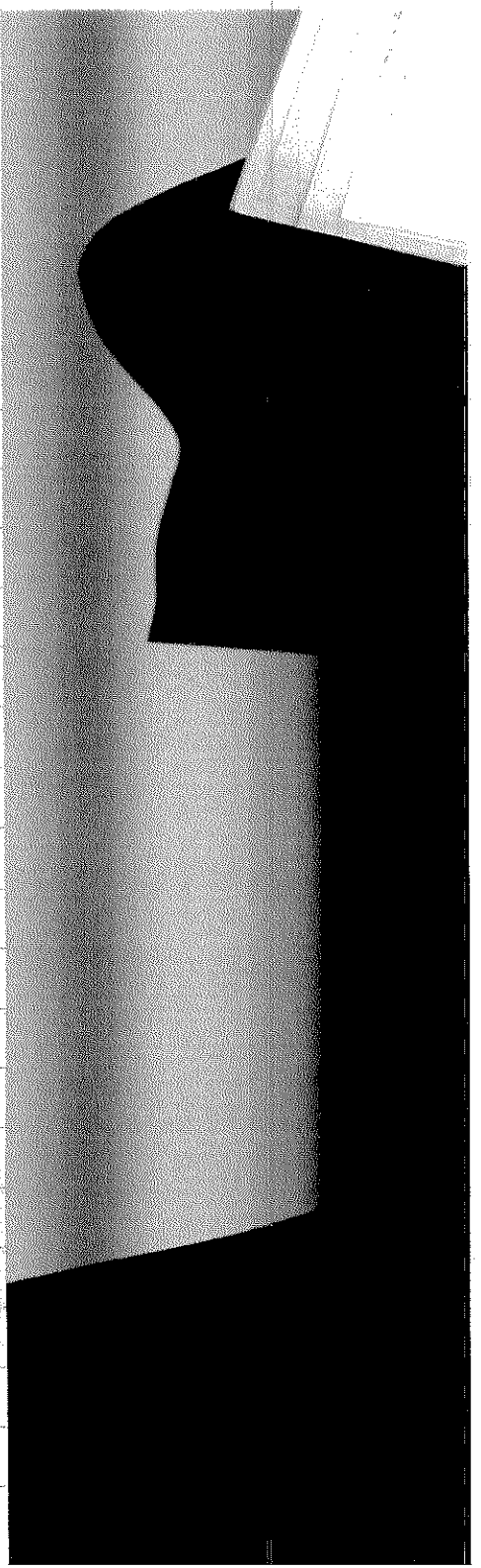
9013 LUCILLE

TRN 2151 FEB04'07 5:31AM

620791000500
1 WHISTLER WATER 1.99
059600037671
1 MM ORANGE 2.09
2 BEVERAGE .05 @ 0.05 0.10

Subtotal 4.18
4.18 G.S.T. 6%217101 0.25
Total **4.43**
Cash 5.00
Change Due Cdn$ 0.57

THANK YOU FOR VISITING
STREET PERFORMERS
EDMONTON INTERNATIONAL AIRPORT



APPLICANT COPY

Eric Feb 4/5/6 Cash

- Cabs	US $
- "	20
- B' Fast etc	20
	3.89
	5.00
	$48.89

MADISON TAXI
TRANSPORTATION SERVICES
PASSENGER ☒ DELIVERY ☒ CHARTER

1403 Gilson St.
Madison, WI 53715
Telephone: (608) 255-8294
Fax: (608) 258-7447

Date: 2-6-07 Amount: 20.00
Driver: Bill Taylor Taxi No: 108
From: To:

MADISON TAXI
TRANSPORTATION SERVICES
PASSENGER ☒ DELIVERY ☒ CHARTER

1403 Gilson St.
Madison, WI 53715
Telephone: (608) 255-8294
Fax: (608) 258-7447

Date: 2/4/07 Amount: $20
Driver: Ryan Taxi No: 102
From: To:

CHS Dane County Regional
ANCORA COFFEE
(608)243-9614

Ticket #13162
2007-02-06 7:12 AM
1386 13 9 13162

Cashier: Mc Dermett, Joan
TRANS #: 13162

REG REG FRESH BREWED	1.50
MUFFIN	2.49
TOTAL	3.99
Standard 5.5%	.22
Amount Due	$4.21
	$5.01
+ Tip	
Change	$.80

Thanks for eating with us.
A division of Compass Group. $5.00

CA ONE SERVICES INC.
Denver International Airport *
** Coffee Beanery **

019 MONICE W

7042 FEB04'07 9:05AM

1 Hot Tea	1.65
1 Assort Muffins	1.95
Subtotal	3.60
Total Tax	0.29
Total Paid.....	3.89
Cash (PRT)	50.00
Change Owed.....	46.11

****
PROVIDING CARE AND COMFORT
TO PEOPLE AWAY FROM HOME
****

S 7042

Sunday -
makes.

Capital Health Authority
Retail Food Service

Best Copy Possible

Host: Izo
50/

Fried: 5

Grilled
Caesar

Tax

Order To

Cash

6.47
20.00

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rept# 5629
02/12/07 21:25 LN 2 AM 15 Tnn# 17309
02/12/07 17:40 In 02/12/07 21:25 Out
Tkt# 156444
Regular Rate $ 3.30
Total Tax $ 0.20
Total Fee $ 3.50
CASH PAID $ 3.50-
Cash Tender $ 3.50
Change Due $ 0.00

THANK YOU
COME AGAIN

APPLICANT COPY

TO ORDER YOUR VEHICLE

The Fairmont HOTEL MACDONALD EDMONTON

Please Dial ☎ 6918

(allow 15 minutes advance notice to have your vehicle waiting)

Thurs Feb. 13/07

8 4 8 4 0 VEHICLE #

SEE REVERSE FOR CONDITIONS

Damage area indicated by X

TELUS PARKADE
GST INC. R#122388333

07FEB14 16:50 001 002
07FEB14 17:51
/ 1:59 #161964

RATE 1	$4.00
TOTAL	$4.00
CASH	$4.00

MANAGED BY
IMPERIAL PARKING

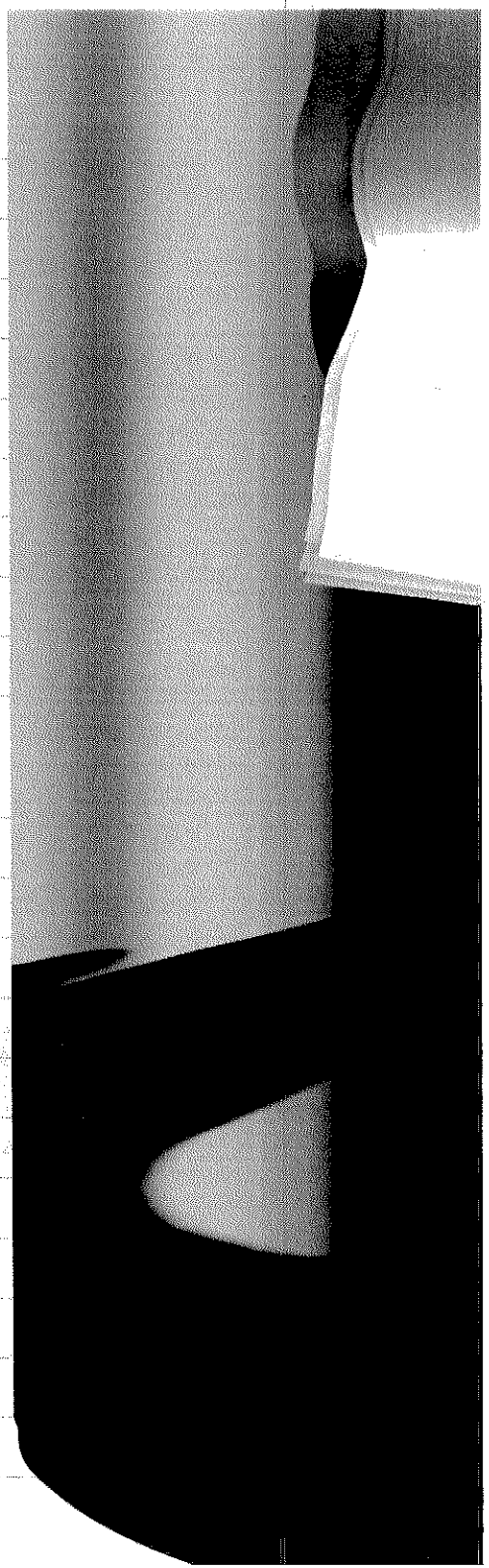
APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rept# 6470
02/20/07 09:36 L# 2 A# 14 Txn# 20725
02/20/07 07:32 In 02/20/07 09:36 Out
Tkt# 160263

Regular Rate	$	5.66
Total Tax	$	0.34
Total Fee	$	6.00
CASH PAID	$	6.00-
Cash Tender	$	10.00
Change Due	$	4.00

THANK YOU
COME AGAIN



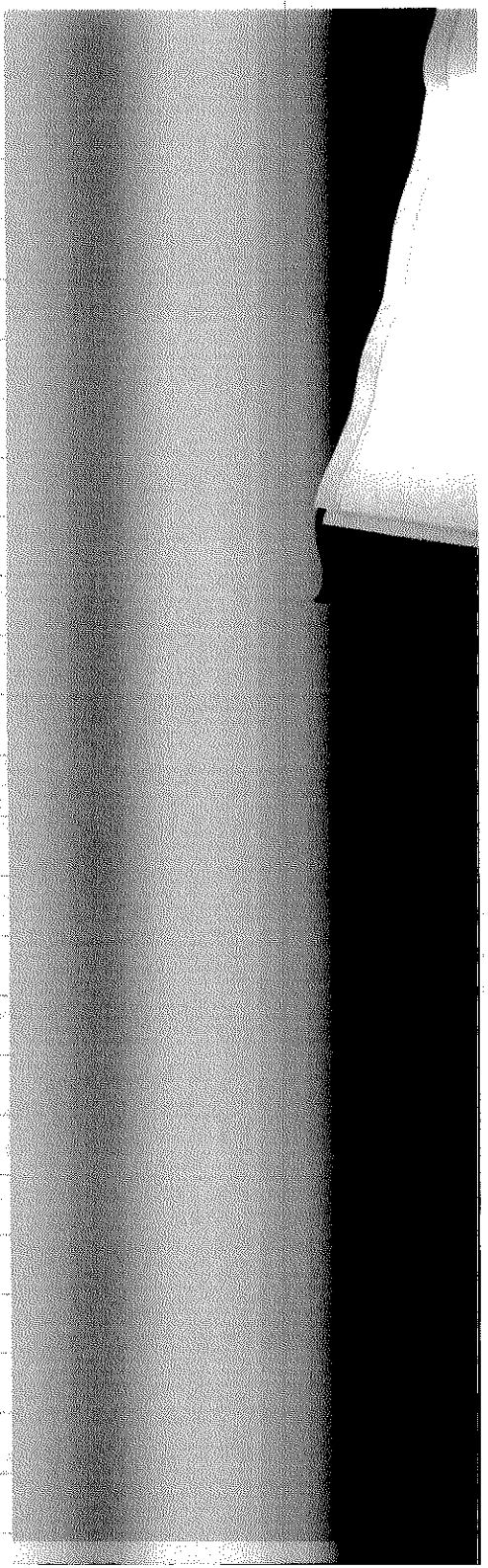
APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 6950
02/21/07 20:32 Ln 2 An 12 Txn# 21910
02/21/07 17:59 In 02/21/07 20:32 Out
Tkt# 161140

Regular Rate	$	1.89
Total Tax	$	0.11
Total Fee	$	2.00
CASH PAID	$	2.00-
Cash Tender	$	2.00
Change Due	$	0.00

THANK YOU
COME AGAIN



APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 7010
02/22/07 11:03 L# 2 A# 40 Txn# 22147
02/22/07 07:32 In 02/22/07 11:03 Out
Tkt# 161314

Regular Rate	$	9.91
Total Tax	$	0.59
Total Fee	$	10.50
CASH PAID	$	10.50-
Cash Tender	$	21.00
Change Due	$	10.50

THANK YOU
COME AGAIN

APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

07FEB22 17:32 019 002
07FEB22 14:48 01
/ 2:44 $302589

S00J881U0548
RATE 12.00
TOTAL 12.00
Cash 12.00

GST #897727657RT
Have a Nice Day

APPLICANT COPY

02-26-17

01 *0.83XT1
01 *1.85XT1
*3.65 ST
*0.33XT1

*3.29 TL
*50.00 M
*46.91 GS

000-04997 1
4-38

US

APPLICANT COPY

CA ONE SERVICES INC.
New Orleans Airport
****ASIAN JUMP****

5010 LaWanda W.

1317 FEB27'07 3:36PM

US$

1 Heinekin 20oz	6.30
Subtotal	6.30
Total Paid.....	6.30
Cash (PRT)	20.00
Change Owed....	13.70

****
PROVIDING CARE AND COMFORT
TO PEOPLE AWAY FROM HOME
****
Customer Service Feedback at
www.CA1feedback.com
or call 1-800-610-4CA1
****

APPLICANT COPY



HENRY BIRKS & SON

SOUTHGATE SHOPPIN CTR
111TH ST. & 51ST AVE.
#14
EDMONTON, AB T6H 4M6
780 435-4602

DATE 02/18/2007 Time 3:21 pm

Reg Session#	Cashier	Trans#	Store
2 901	090153	23481	8682

SOLD TO:	SALESPERSON:	
0000068200316	V. DAWE	090153
HENRY BIRKS		

Item	Qty	Price	Amount
420000988458	1	12.00	12.00
FOUNTAIN PEN INK BLACK B			

SUBTOTAL		12.00
GST	134981190	0.72
TOTAL		12.72
Visa		(12.72)
Change		0.00

Item Count: 1

TYPE: Purchase

ACCT:

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC. VP & CFO	**Department:** FINANCE	
Business Phone: 407-3652	**Period From:** MARCH 1/07 **to** MARCH 31/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000			932.39	☑ 205.09 727.30
201	9000	71115000006	62410000			62.50	☒
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						994.89	☑

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali **Date:** May 26/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)*	**Title:** CEO	**Phone #**
(Signature)		**Date** May 22/07
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH-138) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
March/07	Parking.				2.00		
March/07	Parking				3.50		
March 12/07	Parking - Shaw.				5.00		
March 19/07	Parking.				2.00		
March 21/07	Parking.				12.00		
March 22/07	Parking - ANew.				8.00		
March 25/07	Parking - Retreat.				2.00		
March 26/07	Parking - Retreat				12.00		
March 28/07	Parking				6.00		
March 28/07	Parking - ANew				6.00		
March 29/07	Dinner - CH / Calgary	(Home)	932.39				
March 31/07	Parking				4.00		
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals			932.39		62.50		

EXPENSE LIMITS

1. **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
Lunch	$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**

Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Mar 29/07 Dinner at Home

– CH

– Calgary

LIQUOR WORLD SOUTHGATE
11011 - 51 AVE.
EDMONTON, AB
T6H 5T1
(780)438-4071

536490		
1 HD	TIGER BEER	$13.69
1 HD	BTL DEP BEER HD	$0.60
536490		
1 HD	TIGER BEER	$13.69
1 HD	BTL DEP BEER HD	$0.60
2 ITEMS		
	TOTAL DUE	$28.58
	CREDIT CRD	$28.58
	GST TOTAL	$1.55

Customer: 653271
LIQUOR WORLD CLUB 1

Dinner 2858
1/2 rib 14.29

Wine
See attached
3 bottles 378.33

Drink $09.77
Cash tip to server 30.00

$554.06
+ wine $126.11/bottle x 3 =
$378.33

932.39

APPLICANT COPY

March 29, 2007 DINNER.

SAFEWAY	$ 72.96	10.05 w 62.91 n
SAFEWAY	✓ $ 33.41 n	
SUBZI MANDI	✓ $ 102.05 n	
BUNCHES	✓ $ 81.79 w	
INDIA GARDEN	✓ $ 99.56 w	
CATERING - DOLLYBAI - KABOBS - GULABGAMBO - PATIES - ROTI	$ 120.00	
	$ 509.77	

APPLICANT COPY

Corrigan, Trudy

From: Gerry Prystupa [gerry.prystupa@oracle.com]
Sent: Tuesday, February 20, 2007 1:55 PM
To: Merali, Allaudin
Subject: FW: Quick Meeting

Hi Allaudin,

I'll be coming by at 7:45 a.m. on Friday morning with your 5 bottles. That will make your share of the cost $630.55.

I look forward to seeing you then.

Gerry

Wine = $126.11/bottle
x 3

-----Original Message-----
From: Corrigan, Trudy [mailto:Trudy.Corrigan@capitalhealth.ca]
Sent: February 20, 2007 8:12 AM
To: gerry.prystupa@oracle.com
Subject: RE: Quick Meeting

Would Friday morning at 7:45 am work?

Thnx
Trudy

From: Gerry Prystupa [mailto:gerry.prystupa@oracle.com]
Sent: Tuesday, February 20, 2007 7:47 AM
To: Corrigan, Trudy
Subject: Quick Meeting

Hi Trudy,

Please advise when Allaudin has 10 - 15 minutes open in his calendar that I could drop off a package off to him. He requested that he be there to receive it. Ideally, it will be sometime:

-Wednesday anytime
-Thursday afternoon
-Friday morning, before 9:00 a.m.

If not, it will have to be after HIMSS.

Thanks very much.

Gerry Prystupa
Technology Sales Manager
Oracle Corporation
Phone: (780) 917-4413

5/8/2007

T COPY

INDIAN GARDEN
4220 - 76 Avenue
EDMONTON ALBERTA T6B 0A3
TEL. 780 469 2221
G.S.T. # R 8[illegible]
MAR29/2007
Served by: CLERK NAME (0011)

2 X 8.95 DINE-IN 0.00
4 X 11.95 OPEN FOOD 47.80
2 X 9.95 OPEN FOOD 19.90
OPEN FOOD 0.00
TAX 0.00
G.S.T. 3.38
VISA 71.08
#001-0004

NAME

SIGN

Best Copy Possible

CREDIT CARD TRANSACTION RECORD

Canada Safeway Store 0877
111 STREET & 51 AVENUE
EDMONTON, AB
T6H 4M8

CASH REG.: 003 EMPLOYEE: 4048 1
Visa PURCHASE
CARD NUMBER: **********6003

AMOUNT $50.21

07/03/29 13:17:22 AUTHOR. #: 016497
REFERENCE #: 66078698 0014400400 S

01 APPROVED - THANK YOU 027

0877 003 4048 0083

CREDIT CARD TRANSACTION RECORD

Canada Safeway Store 2278
2304 - 109 ST
EDMONTON, AB
T6J 5E5

CASH REG.: 001 EMPLOYEE: 9999 1
Visa PURCHASE
CARD NUMBER: **********5997

AMOUNT $72.96

07/03/28 11:08:07 AUTHOR. #: 042230
REFERENCE #: 66078927 0014260250 S

01 APPROVED - THANK YOU 027

2278 001 9999 0046

SAFEWAY

CANADA SAFEWAY
GST #R119347672

s.17(1), 17(4)(g)(i)

WELCOME AIRMILES MEMBER
Your Airmiles Have Been Credited !

GROCERY

COKE FRIDGE 12 PK	4.74 G
DEPOSIT 0.60	.60
COKE FRIDGE 12 PK	4.74 G
DEPOSIT 0.60	.60

REFRIG/FROZEN

3@4.99 LUC RICOTTA CHEESE	14.97
LUCERNE HALF& HALF	1.49
BEST BUY CHEESE	5.99

MEAT

CHICKEN BREASTS	9.68

SEAFOOD

JUMBO TIGER PRAWN	8.99
RegPrice 17.99 **Card Sav 9.00**	

PRODUCE

0.280 kg NET @ $5.49 /kg	1.54
WT GREEN PEPPERS	
1.065 kg NET @ $2.18 /kg	2.32
WT BULK CARROTS	
0.325 kg NET @ $4.39 /kg	1.43
WT CELERY STIX	1.89
ENGLISH CUCUMBER	
RegPrice 1.99 **Card Sav .10**	.99
ROMAINE LETTUCE	
RegPrice 1.99 **Card Sav 1.00**	
0.195 kg NET @ $11.00 /kg	2.15
WT RED PEPPERS	3.99
ORANGES 4LB BAG	
RegPrice 4.99 **Card Sav 1.00**	2.29
PEELED CARROTS 1LB	3.99
STUFFER MUSHROOMS	

MISCELLANEOUS

			35
RD 4095 FUEL OFFER			.57
**** 6% GST			72.96
**** TAX	.57	BAL	72.96
VF Visa			

ACCOUNT NUMBER **********5997
AUTHOR. #: 042230

TOTAL SAVINGS 11.10
NUMBER OF ITEMS = 20
3/28/07 11:08 2278 01 0046 9999

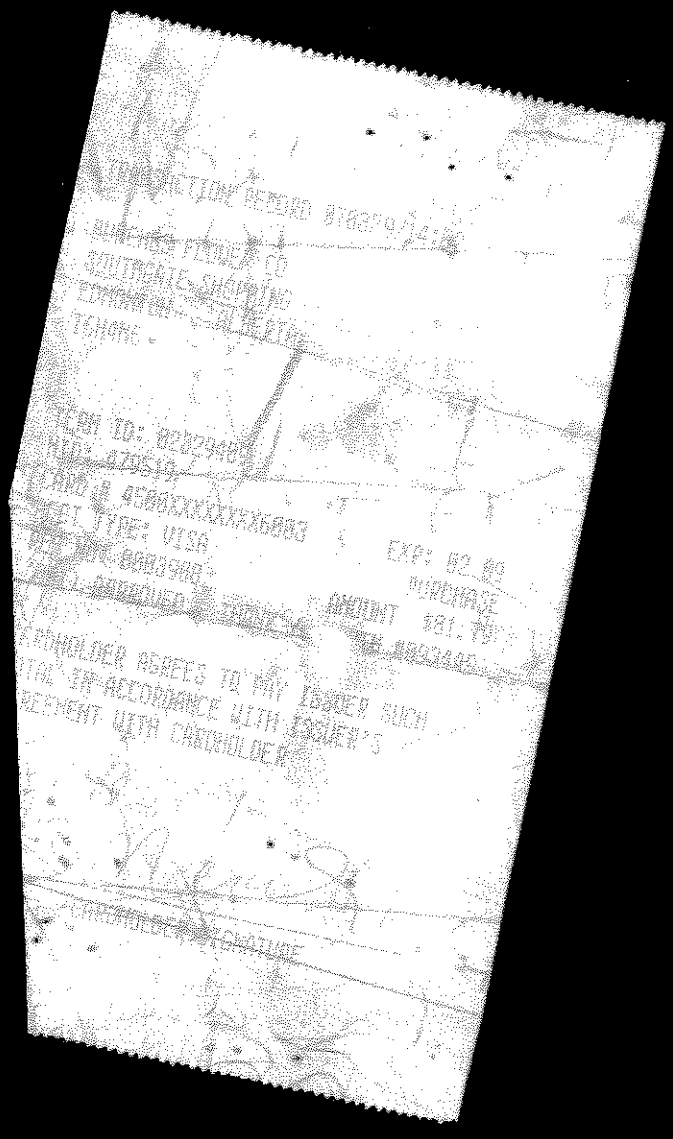
CONGRATULATIONS !
YOU EARNED YOUR SAFEWAY CLUB AWARD.

ALLAUDIN MERALI 7560

Club Card Savings		$ 11.10
Total Savings Value	13%	$ 11.10

[redacted]

LET US HEAR FROM YOU!
1-800-723-3929 OR VISIT SAFEWAY.COM



COPY

SAFEWAY

CANADA SAFEWAY
GST #R119347672

GROCERY

2@1.00 S/S CLEAR PEACH . 2.00 G
AB DEPOSIT .05 .10
LEVY/RECYCLE FEE .02 G
RegPrice 2.38 Card Sav .38
ROGERS CUBE SUGAR 2.09
JELLO PUDDING . 2.59

REFRIG/FROZEN

LUCERNE SKIM MILK 3.99
LEVY/RECYCLE FEE .02
LUCERNE 2% MILK 3.99
LEVY/RECYCLE FEE .02

BAKED GOODS

GOOD HAVEN BREAD 1.99

PRODUCE

0.740 kg NET @ 1.26 /kg
WT BANANAS .93
0.850 kg NET @ 14.83 /kg
WT CANTALOUPE CUTS 4.11
0.650 kg NET @ 15.49 /kg
WT HONEYDEW CUTS 3.57
1.605 kg NET @ 15.49 /kg
WT RED SEEDLESS GRAPES 8.81
RDY PRE PINEAPPLE 6.99
STRAWBERRIES 4.49
RegPrice 5.99 Card Sav 1.50
[illegible]
[illegible]
RegPrice 2.36 Card Sav .37 1.99

MISCELLANEOUS

SC 4701 CLUB JELL-O PUDDIN .92-
RD 4095 FUEL OFFER .45-
**** 6% GST .12
**** TAX
VF Visa .12 BAL 50.21
50.21

ACCOUNT NUMBER **********6003 (16.80)
AUTHOR. #: 016497

$33.41

TOTAL SAVINGS 3.17
NUMBER OF ITEMS = 21
3/29/07 13:17 0877 03 0083 4048

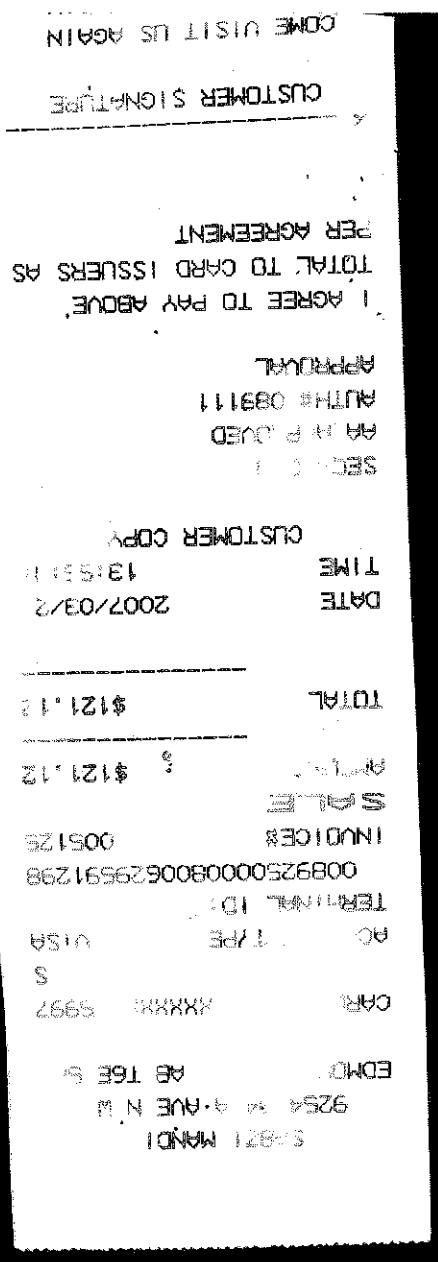
CONGRATULATIONS !
YOU EARNED YOUR SAFEWAY CLUB AWARD.

ALLAUDIN MERALI 7560

Club Card Savings $ 3.17
Total Savings Value 6% $ 3.17

[illegible]

LET US HEAR FROM YOU!
1-800-723-3929 OR VISIT SAFEWAY.COM



CUSTOMER SIGNATURE

COME VISIT US AGAIN

I AGREE TO PAY ABOVE
TOTAL TO CARD ISSUERS AS
PER AGREEMENT

APPROVAL
AUTH# 089111
AA [illegible] VED
SEC [illegible]

CUSTOMER COPY

DATE 2007/03/2
TIME 13:5[illegible]

TOTAL $121.12

[illegible] $121.12
SALE
INVOICE# 00512S
0089250000800629591298
TERMINAL ID:
AC [illegible] VISA
S
CARD XXXXXX 9997

EDMO[illegible] AE T6E S
9254 [illegible] 9.AUE N W
S.821 MANDI

ANT COPY

Grocery	$[illegible]
[illegible] MIX 10	$[illegible]
[illegible] MAD CURRY INDIAN COAST	[illegible]
FROZEN [illegible]	[illegible]
MAGGI [illegible] MARIND SAUCE	$2.9[illegible]
HANIF M[illegible] PICKLE [illegible]	[illegible].9[illegible]
SWAD [illegible] OKRA CUT	$[illegible]
SWAD [illegible] OKRA CUT	$2.39
[illegible] kg @ $6.58/kg	
CHILI [illegible]	$2.01
GUR SOFT (JAGGERY) I	$2.99
BROWN BASMATI RICE H	$4.99
GUR SOFT (JAGGERY) I	$2.3[illegible]
[illegible]@$3.49 Ea or 3/$8.99	
HANIF [illegible] FRIED ONIONS	$8.99
[illegible] kg @ $15.38/kg	
CASHEWS - MASALA	$5.46
HANIF CINAMON BARKS	$1.99
MDH KASURI METHI ***	$0.99
MDH KASURI METHI ***	$0.99
COCONUT MILK GOODLUC	$0.99
CASH[illegible] NUT TANZANIA	$6.99
MUKWAS 5 IN 1 INDIA	$[illegible]
3.000@$0.33 Ea [illegible] 3/$0.99	
LIMES [illegible]	$0.99
3.000@$0.33 Ea or [illegible]	
LEMONS	$[illegible]
HANIF PATRA	$1.49
HANIF CHICK PEAS 540	$[illegible].99
HANIF CHICK PEAS 540	
[illegible]IF PATRA	
1.000@$0.99 Ea or 6/$5 [illegible]	
[illegible] BIRYANI BOMBAY	[illegible]
1.000@$0.99 Ea or 6/$5.99	
SHAN BIRYANI BOMBAY	$0.99
4.000@$0.49 Ea or 2/$0.99	
ONIONS GREEN	$1.98
2.000@$0.49 Ea or 2/$0.99	
CORREANDER (CILANTRO	$0.99
1.000@$0.99 Ea or 6/$5.99	
~~SHAN BIRYANI BOMBAY~~	~~$0.99~~
Subtotal	$121.12

[illegible] Subtotal:	$121.12
Amount Due:	$121.12
VISA	$121.12
Change:	$0.00

Item Count 46 $ 102.05

3/2//2007 [illegible]:34 PM
102 #120336 [illegible] [illegible]

Your cashier today: DIBA

Thank [illegible] for Calling
PLEASE COME AGAIN

all [illegible]funds and exchange[illegible]

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: Allawon Meraki	**Employee Number:**	**Union Name:**
Position: Exec. VP & CFO	**Department:**	
Business Phone:	**Period From:** April 1/07	**to** April 30/07

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	7111500006	6960000			$10.00	☐ 8.11 1.89
201	9000	7111500006	6241000			$42.50	☑
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$52.50	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allawon Meraki **Date:** May 25/07

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* [illegible]	**Title:** CEO	**Phone #**
(Signature)		**Date** May 22/07
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
April/07	Parking				6.00		
April 10/07	Parking - Billboard.				4.00		
April 15/07	Medicine Hat - Airport.				15.00		
April 15/07	Parking				7.50		
April 19/07	Parking				6.00		
April 15/07	lunch Victoria		$10.00				
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals			$10.00		$42.50		

EXPENSE LIMITS

1. **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
Lunch	$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**

Travel advance may be requested provided travel expenses are likely to exceed $500.

Apr 4

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

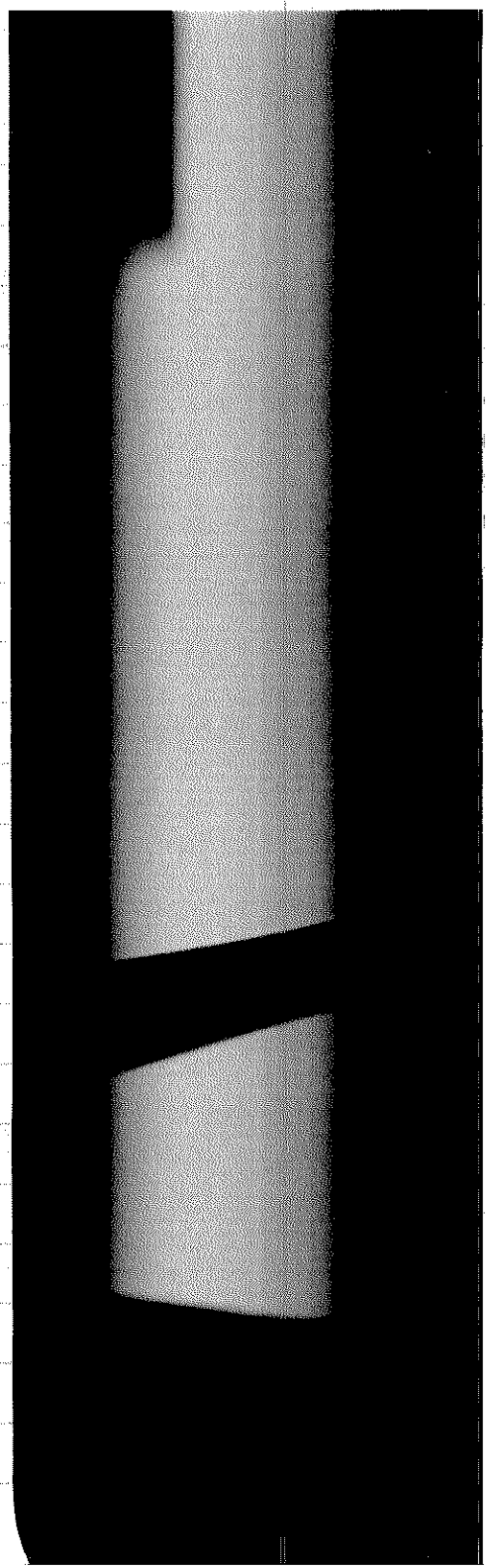
impark

757768

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY



APPLICANT COPY

TELUS PARKADE
GST INC. R#122388333

07APR20 08:31 001 001
07APR20 07:28
/ 1:03 #168062

RATE 1	$4.00
TOTAL	$4.00
CASH	$4.00

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

RECEIPT APRIL 25/07

From: M/H LODGE

To: AIRPORT

Driver: _____

Amount: $15.00 Car# _____

Thank You Have a Nice Day

APPLICANT COPY

April 26/07

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT: 8.00

impark

7581444

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

APPLICANT COPY

****
DATE 04/15/07 TIME 15:10
MID 4537169047 0169046

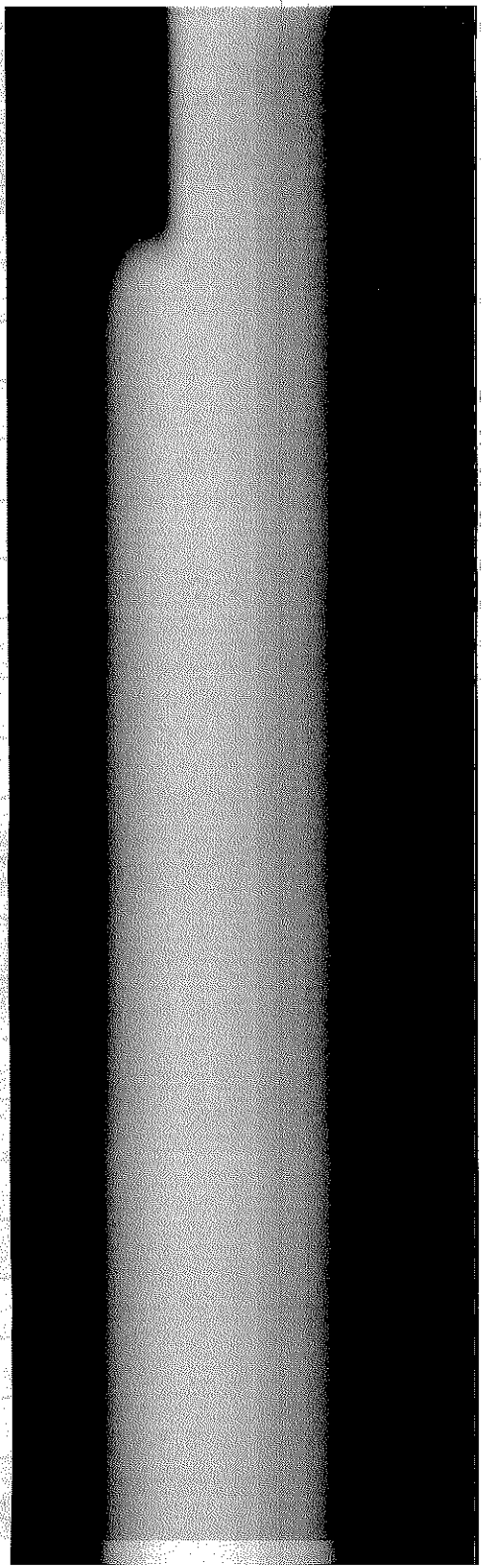
DARCY McGEE'S
1127 WHARF STREET
VICTORIA, B.C.
V8W 1T7
250 380-1322
G.S.T.# 873973440 RT
** PLEASE SIGN & RETURN MERCHANT COPY **

VISA **********8441 S
AUTH 022516 TABLE 202 CHECK 2345

PURCHASE DINING KATIE PIE

AMOUNT	8.00
G.S.T.	0.11
SUBTOTAL $	8.11
TIP $	.....
TOTAL $	10.00

CUSTOMER COPY
****



APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars) s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERAY	**Employee Number:**	**Union Name:**	
Position: EXEC VP & CFO		**Department:**	
Business Phone:	**Period From:** MAY 1/07	**to** MAY 31/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000	~~E~~		85.00	☑
201	9000	71115000006	62410000			148.50	☑
201	9000	71115000006	69500000			728.79	☑
							☐
							☐
							☐
Less Cash Advance							☐
Total						*962.29	☑

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Meray	**Date:** Jan. 28/08

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* SHEILA WEATHERUP	**Title:** CEO	**Phone #**
(Signature)		**Date**
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 498) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

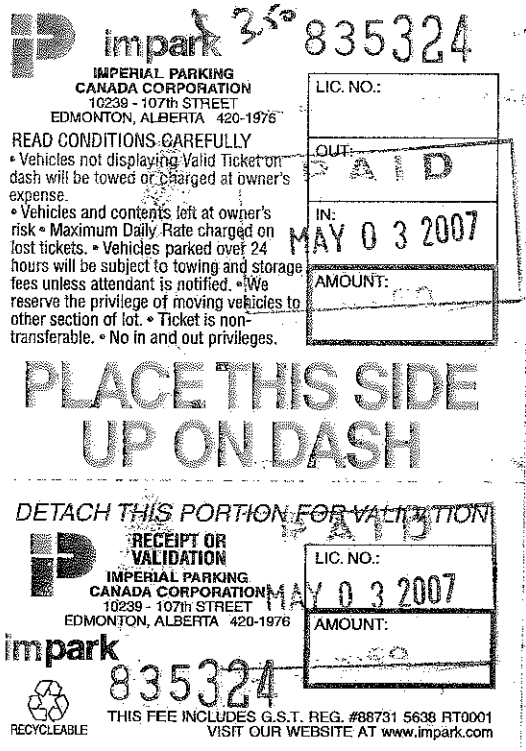
- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
May 3/07	Parking - LSA				$3.50		
May 4/07	Parking - Shaw Event				$2.00		
May 5/07	Parking				1.00		
May 6/07	Cab - Toronto				15.00		
May 10/07	Parking - EEOC				6.00		
May 15/07	Visa for AKE Visit					$100.00	
May 15/07	Earls - Dinner		85.00				
May 17/07	Parking - EEOC				12.00		
May 22/07	Parking - alg				2.00		
May 23/07	Dinner - Home - Dr Hawley Dr Mains					497.25	
May 23/07	Parking - alg				8.00		
May 25/07	Parking - Hotel Mac				20.00	20	
May 29/05	Cab - airport				35.00		
May 30/05	Cab - airport - Quebec				34.00		
May 31/05	Cab - Quebec				10.00		
Dec/06	AMA - Vehicle Reserved (Reg)					131.54	
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals			85.00		148.50	728.79	

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile -- From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.



impark 835324

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

OUT: PAID

IN: MAY 0 3 2007

AMOUNT:

READ CONDITIONS CAREFULLY
• Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

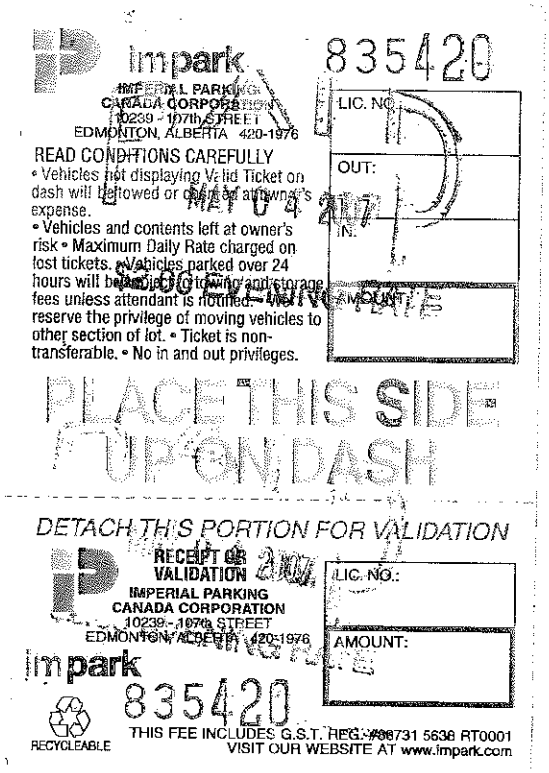
MAY 0 3 2007

AMOUNT:

impark 835324

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com



impark

835420

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.

OUT:

IN:

AMOUNT:

READ CONDITIONS CAREFULLY
• Vehicles not displaying Valid Ticket on dash will be towed or claimed at owner's expense.
• Vehicles and contents left at owner's risk • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPERIAL PARKING
CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT:

impark

835420

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG.: R96731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON

Rcpt# 56328
05/05/07 14:33 L# 1 AM 51 Txn#134767
05/05/07 13:35 In 05/05/07 14:33 Out

Regular Rate	$	0.94
Total Tax	$	0.06
Total Fee	$	1.00
CASH PAID	$	1.00-
Cash Tender	$	1.00
Change Due	$	0.00

THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

APPLICANT COPY

Cash Toronto Cabs

FARE #:_____ DATE:_____

CAB NO.:_____ AMOUNT $: 15

DRIVER'S NAME:_____

FROM:_____

TO:_____

NOTE: AMOUNT SHOWN ABOVE INCLUDES G.S.T.

Driver is an Independent Contractor, any G.S.T Input Credit may be claimed as "NOTIONAL" or applied to DRIVER'S Registration Number, not CO-OP CABS.

Driver's G.S.T # (if applicable)

RECEIPT

Cash

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt.# 19338
05/10/07 11:33 Ln 2 Aa 35 Txn# 6091B
05/10/07 09:44 In 05/10/07 11:33 Out
Tkt# 205612

Regular Rate	$	5.66
Total Tax	$	0.34
Total Fee	$	6.00
CASH PAID	$	6.00-
Cash Tender	$	10.00
Change Due	$	4.00

THANK YOU
COME AGAIN

APPLICANT COPY

Visa for AKM Visit (Pakistan)



Royal Bank Of Canada
11010 23RD AVE NW
EDMONTON, AB
T6J 7J7

Transaction Record

Transit: 04089
Date : 15 May 2007
Time : 13:39:13

Reference # : 907135455538800 4089
Client Card # : 451901*********5

Items Received	
Cheque	100.00 CAD

Products Purchased	
Money Order	100.00 CAD

Thank you for choosing RBC Royal Bank.

APPLICANT COPY

earls

GREAT FOOD GREAT PEOPLE

Thank You For Joining Us At
Earls On Campus
8629-112 Street
Edmonton, Alberta
T6G-1K8

Date: 15May'07 08:00PM
Card Type: M/C
Acct #: XXXXXXXXXXXX3878
Exp Date: 11/07
Auth Code: 005962
Check: 4277
Table: 22/1
Server: 32 TERRI
Ref Number: 001179280844
ALLAUDIN MERALI

Subtotal: 73.14

Tip: _____

Total: 83.00

I agree to pay above total
according to my card issuer
agreement.

*

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rept# 20371
05/17/07 11:21 LN 2 AN 41 Txn# 64319
05/17/07 07:27 In 05/17/07 11:21 Out
Tkt# 209309

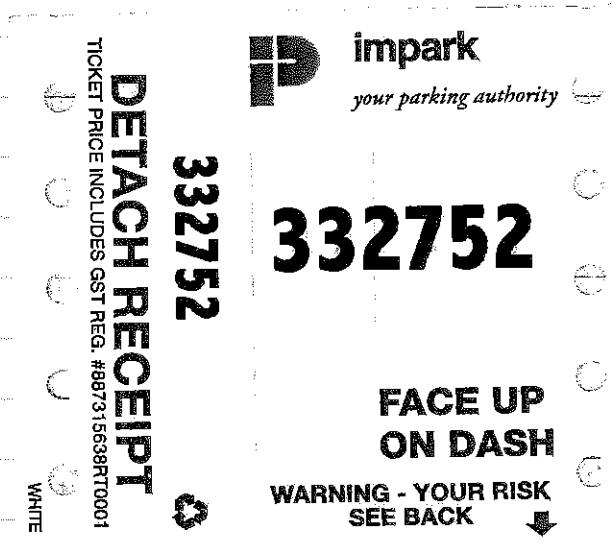
Regular Rate	$	11.32
Total Tax	$	0.68
Total Fee	$	12.00
CASH PAID	$	12.00-
Cash Tender	$	20.00
Change Due	$	8.00

THANK YOU
COME AGAIN

APPLICANT COPY

May 22

£2

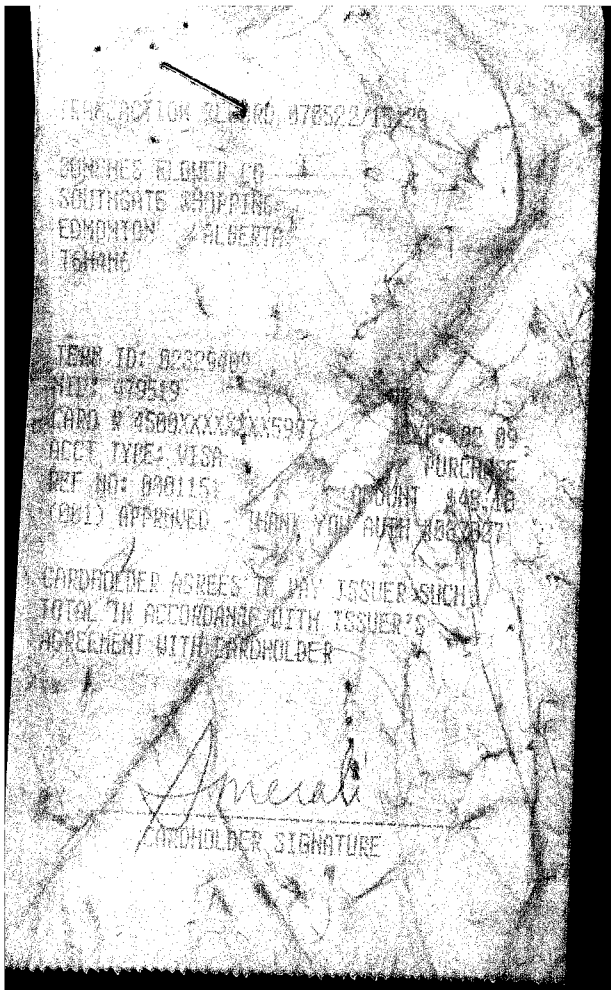


APPLICANT COPY

May 22, 2007 ~~DINNER~~

1. BUTLER SERVICES - LINDSAY CASH $ 170.00
2. CATERING HELP CASH $ 150.00
3. SUPERSTORE $ 137.14
4. INDIA GARDEN $ 79.50
5. SABZI MANDI. $ 52.43
6. BUNCHES FLOWERS $ 48.18

$ 497.25



[redacted]
CHANGES FLOWER CO
SOUTHGATE SHOPPING
EDMONTON ALBERTA
T6H4M6

[redacted]
[redacted]
CARD # 4500XXXXXXXX5997 A
ACCT TYPE: VISA PURCHASE
REF NO: 000115 AMOUNT $48.48
(00) APPROVED - THANK YOU AUTH #083027

CARDHOLDER AGREES TO PAY ISSUER SUCH
TOTAL IN ACCORDANCE WITH ISSUER'S
AGREEMENT WITH CARDHOLDER

CARDHOLDER SIGNATURE

COPY

• the real Canadian Superstore
Refunds/Exchanges will be considered
within 14 days with valid receipt
• Your cashier is MARSHA

SDLS WATERMELON		5.88
0.460 kg @ $12.80/kg		
PISTACHIOS	SCALE	5.89
[redacted]		
SURAJ CINNAMON	Non-Responsive	1.39
KRF CR CHESE		2.77
CUCUMBERS 3 CT		2.88
CALIMYRNA FIGS		3.98
AKT CHUTNEY		2.99
2.210 kg @ $3.26/kg		
[redacted]	SCALE	
2.310 kg @ $1.50/kg	Non-Responsive	
BAK POTATOES	SCALE	3.47
[redacted]		
LIMES		0.96
0.390 kg @ $6.55/kg		
ORANGE SWT PEPPR	SCALE	2.55
TROPICANA OJ		8.97
RECYCLING		0.01
DEPOSIT		0.20
3LB YELLW ONIONS		1.98
BBQ MARINADE		3.19
MEDJOOL DATES		9.88
0.450 kg @ $16.80/kg		
SPICY CASHEW	SCALE	7.56 F
MANGO DRINK		1.59 F
RECYCLING		0.01
DEPOSIT		0.05
0.300 kg @ $9.70/kg		
CASHEWS UNST	SCALE	2.91
CHICK BREAST	Non-Responsive	4.16
[redacted]		
0.640 kg @ $2.16/kg		
GRN SWT PEPPER	SCALE	.38
4 @ 0.48 ea Multi 2 / 3.86		
LEMONS		
[redacted]		
RICOTTA		
RICOTTA		
[redacted]		
SOUR CREAM		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		



SAFEWAY

CANADA SAFEWAY
GST #R119347672

s.17(1), 17(4)(g)(i)

WELCOME AIRMILES MEMBER
Your Airmiles Have Been Credited !

GROCERY

DELMONTE CORN
RegPrice 1.59 Card Sav .25 1.34

REFRIG/FROZEN

LUCERNE HALF& HALF 1.49
GREEN GIANT CORN 4.69

PRODUCE

1.260 kg NET @ $1.26 /kg
WT BANANAS 1.59
2.010 kg NET @ $2.62 /kg
WT JUMBO CANTALOUPE 5.27
RDY PAC PINEAPPLE 6.99
**** TAX 21.37
VF Visa .00 BAL 21.37

ACCOUNT NUMBER **********5997
AUTHOR. #: 073711

TOTAL SAVINGS .25
NUMBER OF ITEMS = 6
5/22/07 08:22 0848 06 0008 9087

AUDIN MERALI 7560

rd Savings $ .25
SAFEWAY NEEDS CASHIERS
QUIRE @ CUSTOMER SERVICE

INDIA GARDEN DINING &
4820 76 AVE T6B0A3
EDMONTON AB
22661470

PRE AUTH PURCHASE

05-22-2007 14:02:13
Acct # ....5997 S
Exp Date 02/09 Card Type VI
Name:

Trace # 150009
FS2266147001
Inv. # 2330
Auth # 068569 RRN 001114009

P.Auth Purchase $79.50
Tip _____
Total _____

Customer copy

SABZI MANDI
9254 34 A AVE N W
EDMONTON AB T6E 5P2

CARD XXXXXXXXXXXX5997 S
ACCOUNT TYPE VISA
TERMINAL ID:
00892500008006295912 98
INVOICE# 009652
SALE
AMOUNT $52.43

TOTAL $52.43

DATE 2007/05/20
TIME 13:35:33
CUSTOMER COPY

SEQ# 021
AA APPROVED
AUTH# 059551
APPROVAL

I AGREE TO PAY ABOVE
TOTAL TO CARD ISSUERS AS
PER AGREEMENT

APPLICANT COPY

Thank You For
Parking At Commerce
Place Parkade

07MAY22 09:14 019 002
07MAY22 07:28 01
/ 1:46 #326851

S0045763721
RATE 8.00
TOTAL 8.00
Cash 8.00

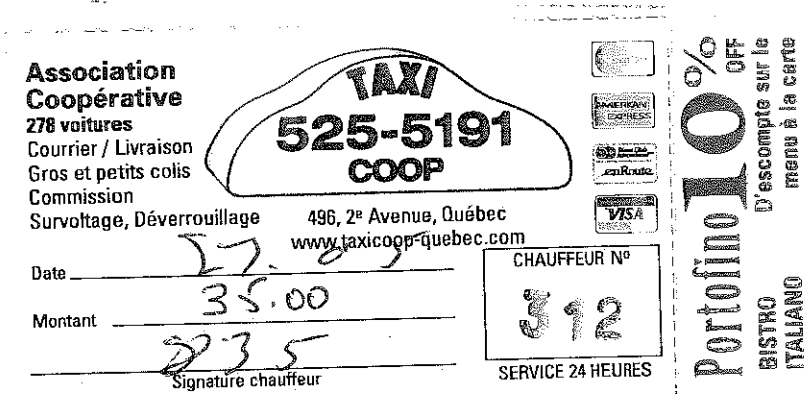
GST #857727657RT
Hav a Nice Day

May 25

Parking at Hotel Mac

Car $20

APPLICANT COPY



Association
Coopérative
278 voitures
Courrier / Livraison
Gros et petits colis
Commission
Survoltage, Déverrouillage

TAXI
525-5191
COOP

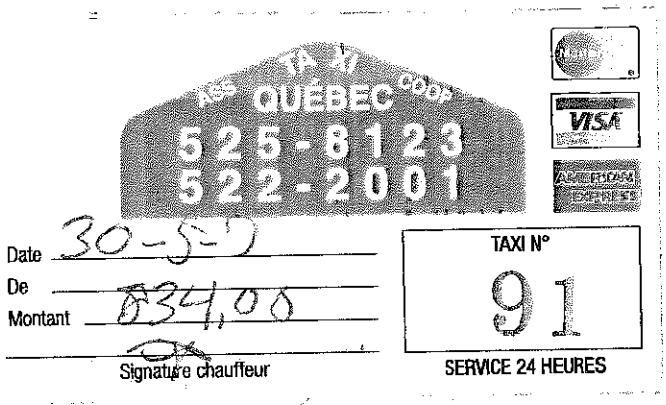
496, 2e Avenue, Québec
www.taxicoop-quebec.com

Date 27.08.07
Montant 35.00
23.5
Signature chauffeur

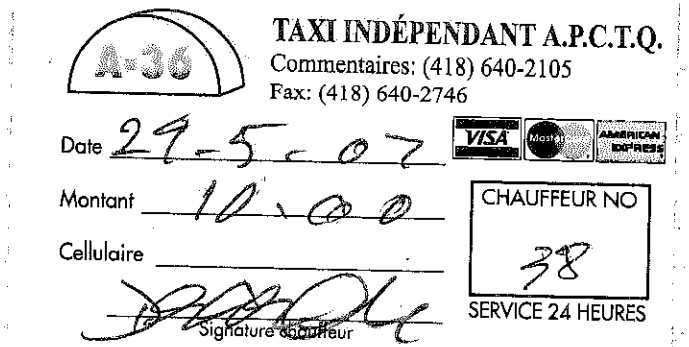
CHAUFFEUR Nº
312
SERVICE 24 HEURES

Portofino 10% OFF
D'escompte sur le menu à la carte
BISTRO ITALIANO

APPLICANT COPY



APPLICANT COPY



APPLICANT COPY

AMA Registries - Edmonton South

PO BOX 8180 Station South Edmonton, AB T6H 5X9
PHONE: (780)430-5458 FAX : (780)430-5423
E-MAIL Address: registries@ama.ab.ca
Web Site Address: www. ama.ab.ca

Receipt

Receipt Date: Dec 08, 2006
Reference: 92400005705
Counter Clerk: ar1607

s.17(1), 17(4)(g)(i)

Client Name: MERALI,
Member Number: s.17(1), 17(4)(g)(i)
Service Details:

Ordered By: In Person

Qty		Service Desc	Charge	GST (Included)
1	V-RENEWP	Renewal of Vehicle Registration: FAA391 ; Reg #: ML500	$131.54	$0.54

s.17(1), 17(4)(g)(i) **Total Services Performed: $131.54**

Paid By: Visa Card $131.54

Amount Paid: $131.54

Change: $0.00

G.S.T. NO. - R100113091

Total GST Charged on Services $0.54

Centre Hours of Operation:
Monday-Friday: 9:00 am.- 5:30 pm.
Saturday: 9:00 am. - 5:00 pm.
If you are planning a wedding, you can get your marriage licence and certificate at AMA. For information on our wide variety of registry services, for online vehicle registration renewals, fine payments, and vehicle history reports visit us online, at www.ama.ab.ca

ALBERTA MOTOR ASSOC.CTR#52
PO BOX 8180 STATION SOUTH
EDMONTON AB

CARD NUMBER	**********5997
CARD TYPE	VISA 9T96
DATE/TIME	2006/12/08 12:34:57
CLERK NUMBER	172
RECEIPT NUMBER	4919974T 0013230180 S
PURCHASE	----------
TOTAL AMOUNT	$131.54
	----------

01 APPROVED - 027 AUTH. # 037321

THANK YOU

CARDHOLDER COPY

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: FINANCE & ADMIN	Department:	
Business Phone: 407-3652	Period From: June to July 31/07	

690

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	6000	7111500006	69600000			5.00	☒
201	6000	7111500006	62310000			35.00	☐ 20.00 15.00
201	6000	7111500006	62314000	see attached.		471.89	☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$511.89	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	Date: May 22/07

Approved By: *(Print name)* SHEILA WEATHERILL	Title: CEO	Phone #	
(Signature)		Date May 23/07	
Approved By: *(Print name)*	Title:	Phone #	
(Signature)		Date	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

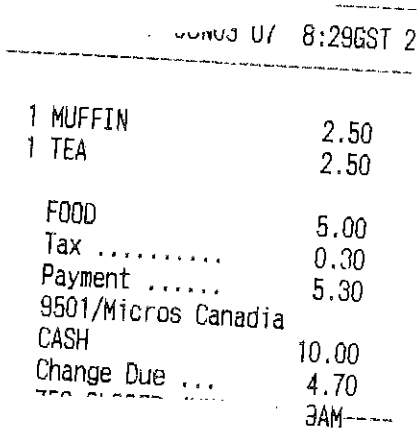
EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
June 3	Bkfst.		✓5.00				
7	Parking				✓$20.00		
14	Parking				✓$15.00		
June/July	– AKU Trip (Expenses attached)					$471.89	
	Total km						
	@						**$0.38** (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.



[illegible] 07 8:29GST 2

1 MUFFIN	2.50
1 TEA	2.50
FOOD	5.00
Tax	0.30
Payment	5.30
9501/Micros Canadia CASH	10.00
Change Due ...	4.70

[illegible]3AM----

APPLICANT COPY

TELUS PARKADE
GST INC. R#122388333

07JUN01 13:08 001 001
07JUN01 07:26
/ 5:42 #172430

RATE 1	$20.00
TOTAL	$20.00
CASH	$20.00

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

June 14, 2007

Thursday

June 2007

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2007

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Non-Responsive

Non-Responsive

7 am

8 00

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00

5 00

6 00

travel

6:30pm-9:00pm 6:30-8:30 pm Reception for Michael Gotschlich, Bavaria,Economic Dev

TaskPad

TaskPad

Non-Responsive

Notes

Parking Cash Hotel Mar $15

Merali, Allaudin

6/20/2007 10:33 AM

Corrigan, Trudy

From: Phillips, Laura
Sent: Thursday, May 22, 2008 11:42 AM
To: Corrigan, Trudy
Subject: RE: More Travel - Exchange Needed

Trudy;

I have added the exchange conversion in red to your email below.

Thanks Laura

From: Corrigan, Trudy
Sent: Thursday, May 22, 2008 11:28 AM
To: Phillips, Laura
Subject: RE: More Travel - Exchange Needed

Sorry this should be July/07 and Aug/07

Trudy

From: Corrigan, Trudy
Sent: Thursday, May 22, 2008 11:26 AM
To: Phillips, Laura
Subject: More Travel - Exchange Needed

July/08

Pakistan - currency?? 13,271 13,271 Pakistan Rupee = 230.197 Canadian Dollar

Kenya - currency?? 11,950 11,950 Kenyan Shilling = 188.207 Canadian Dollar

US - $50 (June 27) 50 US Dollar = 53.52400 Canadian Dollar

AKU Trip (with Uof A) June 21 to

Pakistan (Ja

Tips - Hotel Porters
- Transport
- Restaurant

Cash } 3,000

Cash 1,450

Cairo 8,821

Restaurant 13,271 =

(a3) (B) » 230.197

Kenya

Tips - Hotel Porters
- Transport
- Restaurant } 5,750

- Cash 6,200

11,950 » 188.20

(a3)

Kenya - VISA 45.50 (a) » 53.52

471.89

APPLICANT COPY

CASH SALE No. 406242

KENATCO TAXIS LIMITED

Nairobi
P.O. Box 52684-00200
Tel: 225123/316611/
230771/2/824248
Fax: 316640
E-mail:kenatco@todays.co.ke
Website.www.kenatco.co.ke

Mombasa
P.O. Box 88988
Tel: 227503
Tel/Fax: 254-041-221119

Date: 29-06-07

M.....

CAR No.	Particulars	Kms.	Shs.	Cts.
KAW 0104	Taxi fare		6200 /	
		TOTAL	6200	

Kimani
Driver's Name

Signature

APPLICANT COPY

CASH SALE No. 406242

KENATCO TAXIS LIMITED

Nairobi
P.O. Box 52684-00200
Tel: 225123/316611/
230771/2/824248
Fax: 316640
E-mail:kenatco@todays.co.ke
Website.www.kenatco.co.ke

Mombasa
P.O. Box 88988
Tel: 227503
Tel/Fax: 254-041-221119

Date: 29-06-07

M.....

CAR No.	Particulars	Kms.	Shs.	Cts.
KAW 0104	Taxi fare		6200 /	
		TOTAL	6200	

Kimani
Driver's Name

Signature

APPLICANT COPY

ORIGINAL

I.M. 61

A Nº 172832

REPUBLIC OF KENYA

DEPARTMENT OF IMMIGRATION

Visa Receipt

27/6/20

Received from Mevali

Address

The sum of U.S. Dollars Fifty ☑ or equivalent U.K. Pounds ☐

or equivalent Euros ☐ or equivalent Swiss Francs ☐

U.S. $ 50 ☑

U.K. £ ☐

EURO € ☐

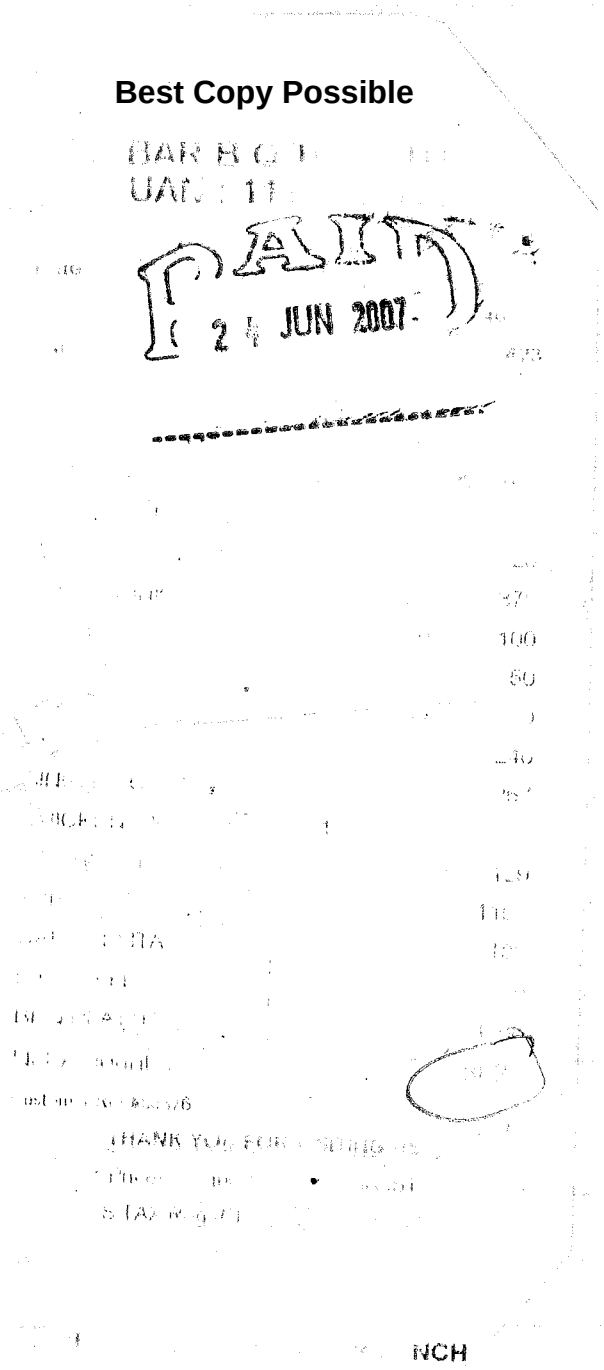
SWISS Fr ☐

Credit: Revenue/Immigration Fees

Immigration Officer

GPK 5426—5m Bks.—6/2006

Best Copy Possible



APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAHON MERAL	Employee Number:	Union Name:
Position: FINANCE & ADMIN	Department:	
Business Phone: 407-3652	Period From AUG 1 to AUG 31/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62810000			$22.00	☒
201	9000	71115000006	62314000	see attach		$302.50	☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$324.50	☐

69%

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Meral	Date: May 22/07

Approved By: (Print name) SHEILA WEATHERILL	Title: CEO	Phone #
(Signature)		Date May 23/07
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

APPLICANT COPY

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Aug 7/07	Parking				$16.00		
Aug 13-27/08							
	MedInfo Conf +						
	[illegible] –	see				$302.50	
	Australia & NZ	attached					
Aug 31/07	Parking				$6.00		
	Total km						
	@						$0.38 (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

TELUS PARKADE
GST INC. R#122388333

07AUG03 13:48 001 001
07AUG03 10:09
/ 3539 #178369
RATE 1 $16.00
TOTAL $16.00
CASH $16.00

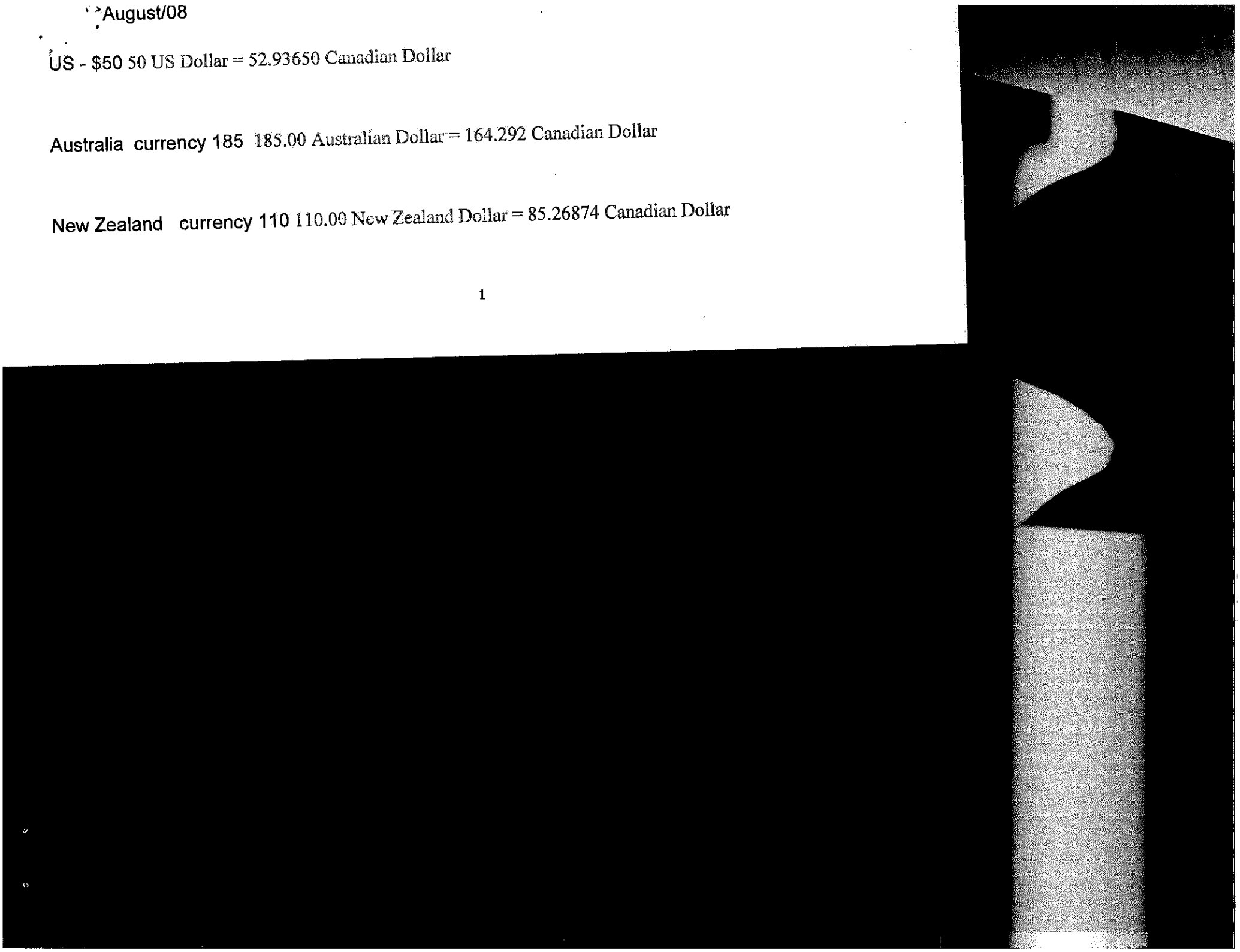
MANAGED BY
IMPERIAL PARKING

August/08

US - $50 50 US Dollar = 52.93650 Canadian Dollar

Australia currency 185 185.00 Australian Dollar = 164.292 Canadian Dollar

New Zealand currency 110 110.00 New Zealand Dollar = 85.26874 Canadian Dollar



August 2007

Edmonton / Nairobi / Australia / New Zealand

ALCN event - gong for opening of Cardiac Centre

Aug 13-16/07

- Visa cost US $50 @ 52.936

APPLICANT COPY

Australia - Melbourne Aus $ = 164.29

Aug 16-23/07

- Cabs
  - 50.00
  - ~~41.00~~
  - 13.00
  - 13.00
  - 35.00 = 152

Breakfast
- 10.50
- 10.50
- 12.00 = 33

185 @

~~285~~

Merivales Restaurant
Brisbane Convention &
Exhibition Centre
19/8/2007 08:34

Restaurant
Check: 195156
Server: KathrynW
Terminal: 19

** ORDER#: 3940337 **

Restaurant

1 English B'fast	4.00
Milk [4.00]	
1 Mt Franklin Bt *	4.00
1 Croissan - Plain	2.50

Total 10.50

Cust. ABN: Cust. Name:

GST Amount: 0.95

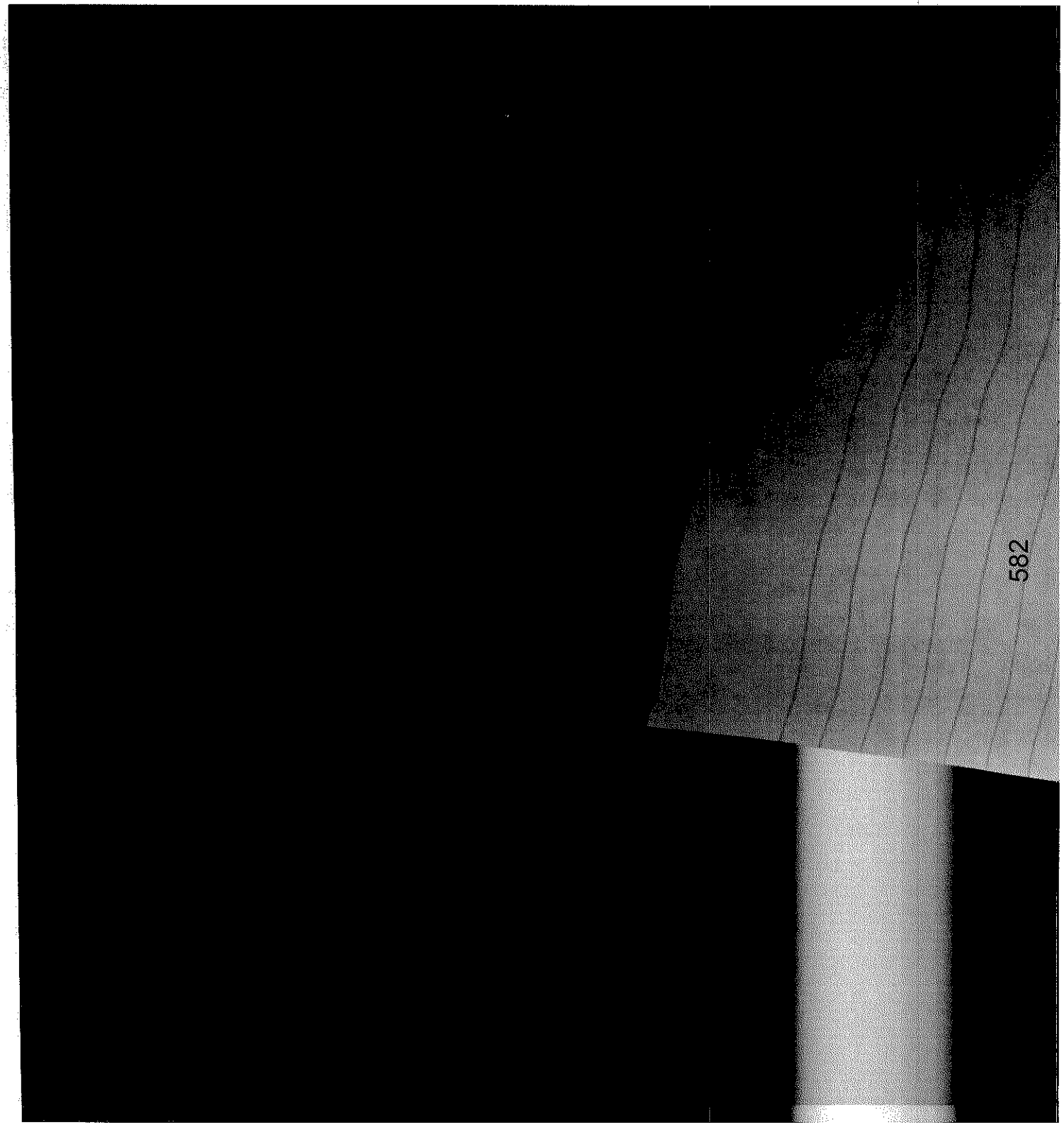
TAX INVOICE
The total supply includes GST.
Supplier A.B.N.:40 055 184 322
*Item does not attract GST

Cash 10.50

T19 C72431 19/8/2007 08:34

Thankyou for dining
at Merivales Restaurant
South Bank, Brisbane, Qld 4101

APPLICANT COPY



582

CABCHARGE
TAX INVOICE

YELLOWCAB AUS 131924
TAXI 217 QLD AU
MERCHANT ID: 24143644
TERMINAL ID: V41722
CLIENT ID: 7320
DRIVER ID:
DRIVER ABN:

RECEIVED IN CASH
TOTAL FARE $37.00
INC. GST

** CUSTOMER RECEIPT **
21/08/07 19:35

CABCHARGE
TAX INVOICE

B&W BRISBANE 131008
TAXI 608 QLD AU
MERCHANT ID: 24143701
TERMINAL ID: V42246
CLIENT ID: 5220
DRIVER ID:
DRIVER ABN:

RECEIVED IN CASH
TOTAL FARE $11.40
INC. GST

+ Trip

** CUSTOMER RECEIPT **
20/08/07 19:12

13.00

CABCHARGE
TAX INVOICE

YELLOWCAB AUS 131924
TAXI 975 QLD AU
MERCHANT ID: 24143644
TERMINAL ID:
CLIENT ID:
DRIVER ID:
DRIVER ABN:

RECEIVED IN CASH
TOTAL FARE $11.0
INC. GST

** CUSTOMER RECEIPT **
22/08/07 19:02

13.00

ORIGINAL COPY

963630

CASH RECEIPT

DATE 20-8-07

RECEIVED FROM MR MERALI

A.B.N/G.S.T No. (of Supplier)

THE SUM OF THIRTY FIVE DOLLARS ONLY

BEING FOR TRANSFER CONRAD HOTEL → BCEC

#373295

TOTAL		G.S.T.		TOTAL INC G.S.T.	
				35	00

SIGNATURE

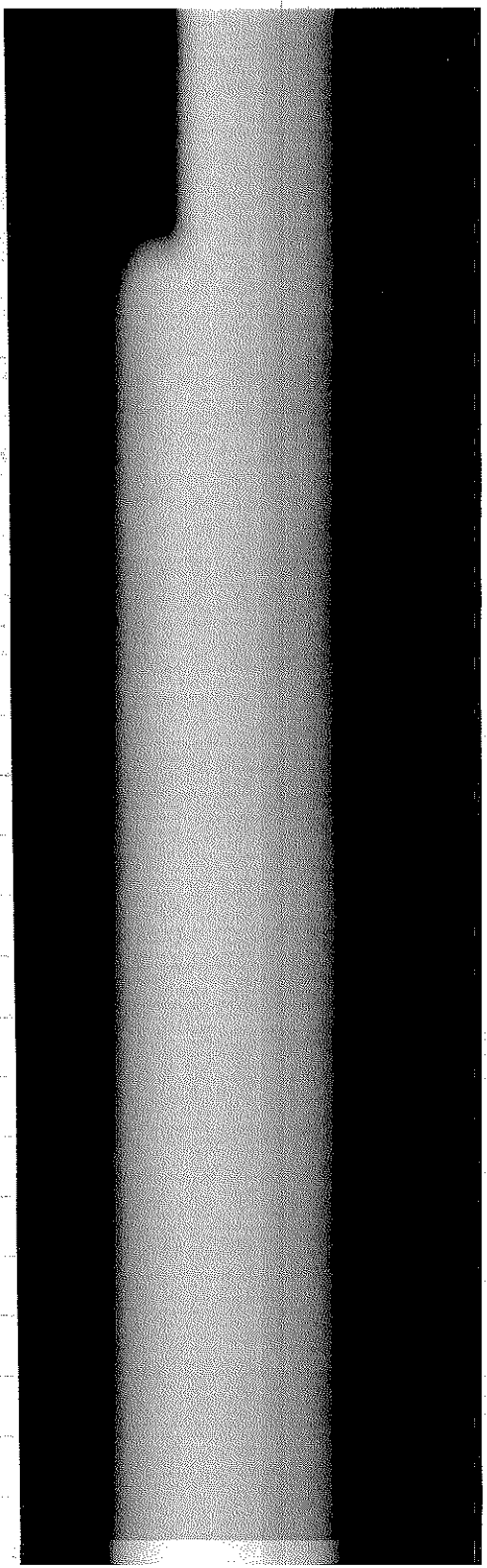
Avis 3
parking 1

APPLICANT COPY

Alberta Collage

Terminal#:1 Cashier#:2
31/08/07 07:00
31/08/07 08:18 - 01:19
54488443 / #040364

Rate1	: $	6.00
TOTAL	: $	6.00
	: $	10.00
CHANGE	: $	4.00



APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department:	
Business Phone:	Period From: SEPT 1 to SEPT 30	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	711150000006	61030000			691.17	☑
201	9000	711150000006	62410000			22.50	☑
201	9000	711150000006	69500000			858.58	☐
201	9000	711150000006	69600000			24.76	☐
							☐
							☐
Less Cash Advance							☐
Total						1,597.01	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	Date: Jan 28/06

Approved By: *(Print name)* SHEILA WEATHERILL	Title: CEO	Phone #
(Signature)		Date
Approved By: *(Print name)* Sheila Weatherill for SW	Title: Executive Director	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Sept 13/07	Meals		8.76				
Sept 14/07	LRT - Mtg				2.50		
Sept 16/07	Junction - Thank You					831.02	
Sept 17/07	Parking -				3.00		
Sept 20/07	LRT				2.50		
Sept 20/07	EHR Sym - Parking				10.50		
" "	AHIW / EHR		16.00 (Mtg)				
Sept 25/07	Parking - meter				1.00		
Sept 25/07	Parking				3.00		
Sept 28/07	Ink + Leads					27.56	
Aug 23/07	HIMSS Reg (Feb/08)			691.17			
			24.76	691.17	22.50	858.58	
	Total km						
	@						$0.38 (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

Sept 26/07

APPLICANT COPY

Capital Health Authority
Retail Food Service

180

Host: North
180

09/03/2007
11:07 AM
120180

Area: Trendz Express

Tazo Tea 12 oz		1.65
Muffin (B.B.)		1.50
#Items 2	Sub Total	3.15
	Tax	0.19
	Order Total	3.34
	Cash	5.00

3.38

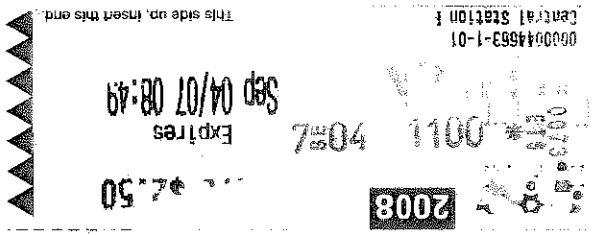
University of Alberta Hospital
GST# R108161688

+ lunch 5.00

5.38

APPLICANT COPY

Lot S/I/4



APPLICANT COPY

Sept 17

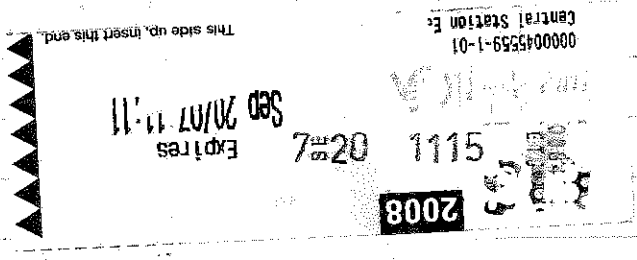
CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 33962
09/17/07 21:28 L# 2 A# 35 Tx#114127
09/17/07 18:42 In 09/17/07 21:28 Out
Tkt# 272095

Regular Rate	$	2.83
Total Tax	$	0.17
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	5.00
Change Due	$	2.00

THANK YOU
COME AGAIN

Sept 20


This side up. Insert this end
Exp Res
Sep 20/07 11:11
7=20
1115
2008
00000455S9-1-01
Central Station E

Sept 20

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 34740
09/20/07 20:39 L# 2 A# 35 Txn#116150
09/20/07 15:54 In 09/20/07 20:39 Out
Tkt# 273521

Regular Rate	$	9.91
Total Tax	$	0.59
Total Fee	$	10.50
CASH PAID	$	10.50-
Cash Tender	$	20.50
Change Due	$	10.00

THANK YOU
COME AGAIN

APPLICANT COPY

September 20, 2007

Thursday

September 2007

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2007

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Non-Responsive

7 am

8 00

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00

travel

5 00

6 00

Non-Responsive

TaskPad

TaskPad

Non-Responsive

Notes

for EHR

-Drinks (card)

CH | AHW

$ 16

No receipt

APPLICANT COPY

Sept 27

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 35328
09/25/07 21:07 L# 2 A# 35 Txn#118075
09/25/07 18:08 In 09/25/07 21:07 Out
Tkt# 276878

Regular Rate	$	2.83
Total Tax	$	0.17
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	5.00
Change Due	$	2.00

THANK YOU
COME AGAIN

Best Copy Possible

PREMIER JEWELLERS LTD
SHC SOUTHGATE CENTRE
EDMONTON AB
T6H 5M6
(780) 439 0750

9/28/07

Aliaudin M
Eaglewood, I

Sale

Item

Total:CAD$ 27.50 INC

12559
MONTBLANC
Black Ink Co
16460
MONTBLANC
LEGRAND PENCI

APPROVED 070935

28-Sep-07

Quantity 2
Gross 26.00
Discount 0.00

Subtotal 26.00
G.S.T. (R132705396RT) 1.50

Net Sale 27.50

--Paid by
Visa 27.50

Merchandise must be returned within
14 days for exchange or credit note.

Thanks for shopping at Premier Jewellers

Transactions from August 16 to September 15, 2007

APPLICANT COPY

Your payments

Trans date	Post date	Description	Amount($)
Sep 06	Sep 07	PAYMENT THANK YOU/PAIEMENT MERCI	

Total payments

Your new charges and credits

s.17(1), 17(4)(e.1)

Health Int Mem Leadership dues reg Nov 2008

s.17(1), 17(4)(g)(i)

Trans date	Post date	Description	Spend Categories	Amount($)
Card number				
Aug 23	Aug 27	HIMSS 3126644467 IL 640.00 USD @ 1.079953125**	Foreign Currency Transactions	691.17
Aug 26	Aug			
Aug 28	Aug			
Aug 29	Aug			
Sep 01	Sep			
Sep 01	Sep			
Sep 03	Sep			
Sep 04	Sep			
Sep 07	Sep			
Sep 11	Sep			
Total for 4500 6				
Card number				
Aug 16	Aug			
Aug 22	Aug			
Aug 23	Aug			
Aug 23	Aug			
Aug 24	Aug 27			
Aug 27	Aug 30			
Aug 28	Aug 30			
Aug 28	Aug 30			
Aug 29	Aug 30			
Aug 29	Aug 31			
Aug 30	Sep 04			

How we charge interest: a) On pi
residents, no interest is charged on a Nev
statement if we receive payment for your full Balance by the payment due date and we have received payment for the full Balance shown on your previous monthly statement by the payment due date. For Quebec residents, no interest is charged on a New Purchase appearing on this statement if we receive payment for your full Balance on this statement by the payment due date. Regardless of residency, if interest is charged on a New Purchase, it will be charged from the transaction date until we receive a payment which covers the New Purchase.

b) On Cash Advances, Convenience Cheques and Balance Transfers: Interest is charged on Cash Advances beginning on the day they are taken. For Balance Transfers and Convenience Cheques, interest is charged beginning on the day these are posted to your *Visa* Account. We stop charging interest on Cash Advances, Balance Transfers and Convenience Cheques on the day we receive a payment which covers the amount of the transaction in question in accordance with the Cardholder Agreement.

...charged the same conversion rate CIBC is required ... pay plus an administration fee of 2.5% of the converted amount. This fee applies to both credits and debits.

For more information, please refer to the CIBC *Visa* Cardholder Agreement.

* *Visa* Int./CIBC and Aeroplan LP, lic. users.
™ Trade-mark of CIBC.
® Aerogold and Aeroplan are registered trade-marks of Aeroplan LP. CIBC is an authorized licensee of the marks.

September 04, 2007

Tuesday

September 2007

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2007

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Non-Responsive

Non-Responsive

7 am

8 00

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00

5 00

5:30 travel

6 00

6:00pm-8:00pm 6:00 Dinner with Tony Balasubramanian PwC, Donna S. & George (reservation made at Normand's)

TaskPad

TaskPad

Non-Responsive

Notes

Parking - meter $1

September 17, 2007

Monday

September 2007

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2007

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Non-Responsive

Non-Responsive

7 am

8 00

9 00

10 00

11 00

12 pm

1 00

2 00

3 00

4 00

5 00

6 00

travel

6:30pm-8:00pm Dinner with Simulation Expert Advisory Panel (Donna T) at Sorrentino'

TaskPad

TaskPad

Non-Responsive

Notes

Parker

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department:	
Business Phone:	Period From: Oct 1 to Oct. 31/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69500000			164.00	☑
201	9000	71115000006	69600000			41.92	☑
201	9000	71115000006	62410000			76.50	☑
							☐
							☐
							☐
Less Cash Advance							☐
Total						$282.42	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	Date: Jan. 28/08

Approved By: *(Print name)* SHEILA WEATHERILL	Title: CEO		Phone #
(Signature)			Date
Approved By: *(Print name)* Keith Mundle for SW	Title: Executive Director		Phone #
(Signature)			Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS APPLICANT COPY

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Oct 6/07	Cab - Dr Wasiki Mtg.				$20.00		
Oct 6/07	Parking - Hotel Mac				$15.00		
Oct 7/07	Lunch		8.47				
Oct 9/07	"		3.95				
Oct 18/07	Dinner - working		24.00		~~200~~		
Oct 18/07	Parking				2.00		
Oct 19/07	Parking - meeting				6.00		
Oct 20/07	Parking - Zebra Event				20.00		
Oct 23/07	Ticket to AI					164.00	
Oct 24/07	Parking - Mtg - Oracle				3.00		
Oct 24/07	EEOC Parking				7.50		
Oct 25/07	Stakeholder mtg - Coffee		2.16				
Oct 27/07	Lunch - working		3.34				
Oct 30/07	Parking				3.00		
			41.92		76.50	164.00	
	Total km						
	@						$0.38 (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

BARREL TAXI

(780) 489-7777
10135 – 31 Avenue
Edmonton, Alberta T6N 1C2
GST# 100403070

Date: 10-6-07 Amount: 20.00

Driver: MIKE Car #: 185

From: 16624-88 Ave To: MC Hotel

Cab fr. Dr Wasike
to meet at Hotel Ma

APPLICANT COPY

Oct 6

THE Fairmont
HOTEL MACDONALD

PLEASE PRESENT THIS TICKET TO CLAIM YOUR VEHICLE

2990

RELEASE AND LEGAL WAIVER
THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY.

The Guest by accepting this receipt agrees that their vehicle is driven and stored subject to the conditions printed below:
THE FAIRMONT HOTEL MACDONALD shall not be responsible for the loss or damage to the vehicle, its appurtenances, or any articles which may be in or about the vehicle, while parked or while being driven by an employee or agent of THE FAIRMONT HOTEL MACDONALD, with the knowledge and consent of the owner.

PLEASE DIAL '0' FOR VALET PARKING 20 MINUTES IN ADVANCE WHEN YOU WISH TO HAVE YOUR VEHICLE PICKED UP.

Parking Hotel Mac

$15

APPLICANT COPY

SUBWAY SUBALTA FOODS LTD
8511 - 112 ST
EDMONTON AB

CR ********3879
CR MASTERCARD
DATE 2007/10/07
TIME 5752 13:01:05
RECEIPT NUMBER
S306/A/A2-001-182-012-0

PURCHASE
TOTAL-CAD

$8.47

APPROVED

AUTH# 009355 .01-027
THANK YOU

Capital Health Authority
Retail Food Service

565

Host: 127		10/08/2007
565		2:48 PM
		10565
Area: Snack Bar		
Pizza Slice 1		3.73
#Items 1	Sub Total	3.73
	Tax	0.22
	Order Total	3.95
	Cash	5.00

University of Alberta Hospital
1688

RENOIR'S TABLES LTD.
10046-101 AVENUE
EDMONTON AB

S.17(1), 17(4)(e.1)

late night working

[illegible] NUMBER
[illegible] DATE
[illegible] YPE VISA 0530
[illegible] IME 2007/10/13 20:17:29
[illegible] T NUMBER 5005581579-129-019
[illegible] IZATION
$16.73

AMOUNT
24.00

[illegible] ROVED 027 AUTH. # 013455
[illegible] YOU

[illegible] LDER WILL PAY TOTAL AMOUNT SHOWN
[illegible] D ISSUER ACCORDING TO CARDHOLDER
[illegible] ENT.

ALLADDIN'S MEDIA

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION
IMPERIAL PARKING CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA T5J 1E6

LIC. NO.:

AMOUNT:

impark OCT 15 2007

052770

RECYCLEABLE

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

$3.00

APPLICANT COPY

TELUS PARKADE
GST INC. R#122388333

07OCT19 16:18 001 002
07OCT19 14:48
/ 1:30 #184899
RATE 1 $6.00
TOTAL $6.00
CASH $6.00

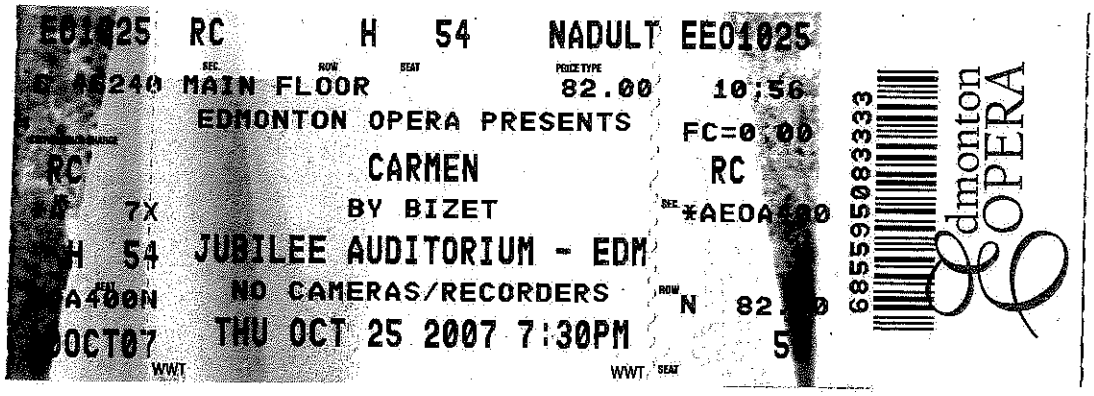
MANAGED BY
IMPERIAL PARKING

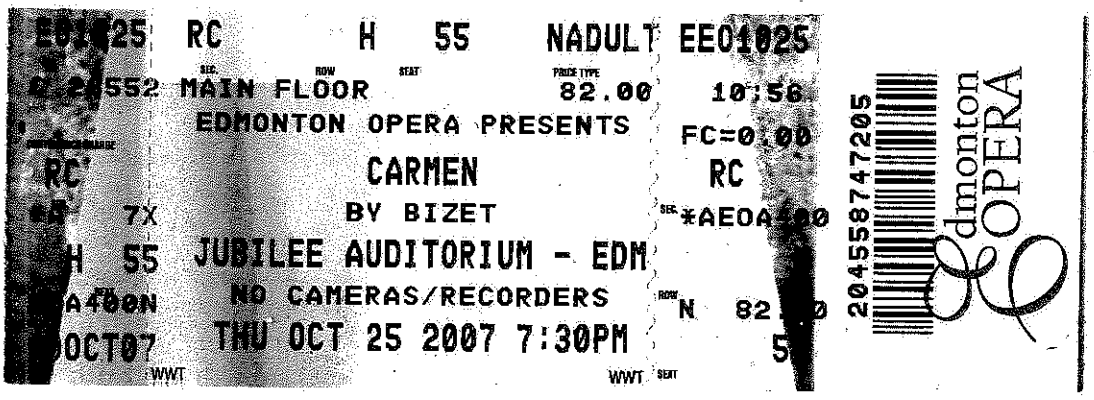
Oct 20/07

Parking - Hotel Mac

Tetra event

$20





Carried to
Mike Weiss
Oct 23/07

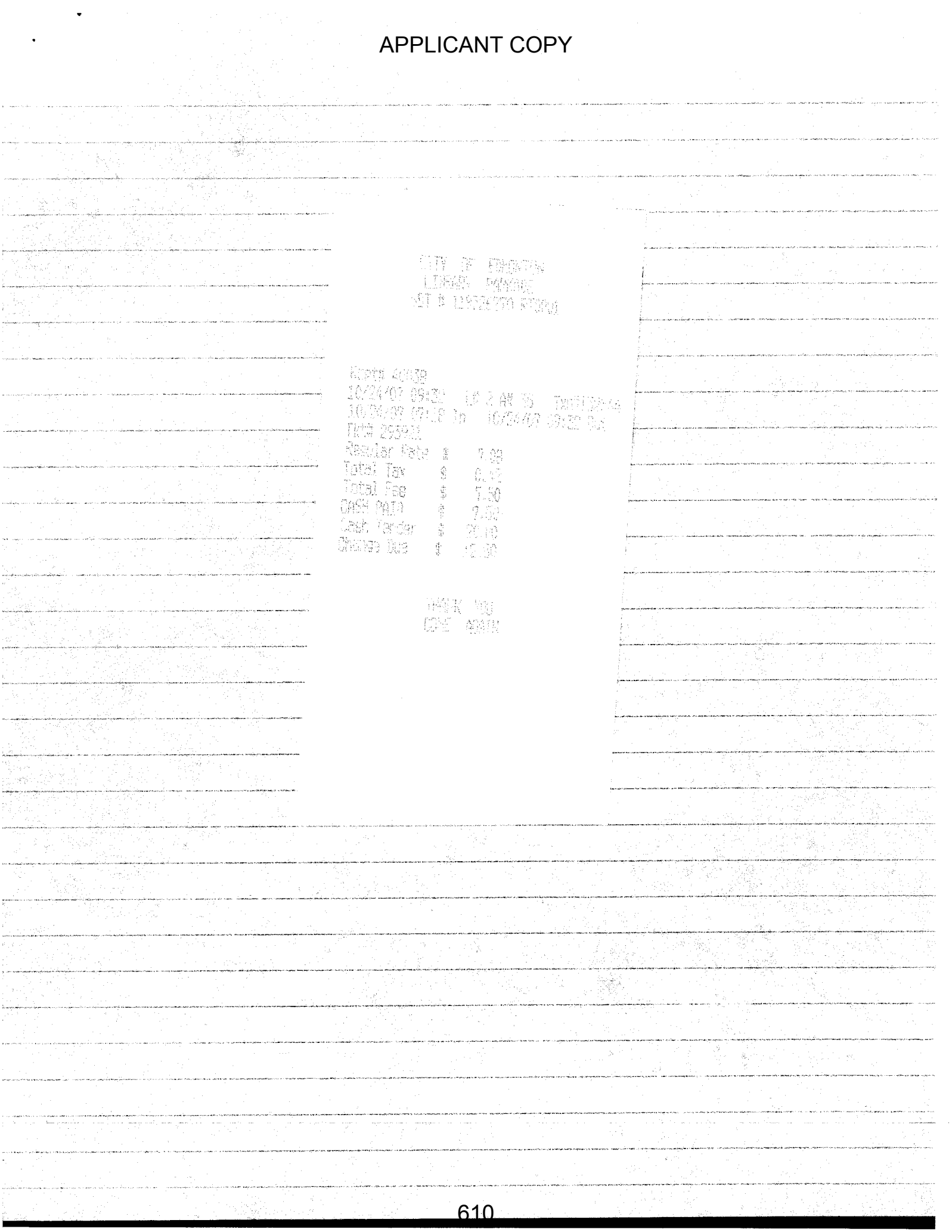
APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 13430
10/24/07 21:21 LN 1 A# 6 Txn# 89465
10/24/07 18:11 In 10/24/07 21:21 Out
Tkt# 294335

Regular Rate	$	2.83
Total Tax	$	0.17
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	3.00
Change Due	$	0.00

THANK YOU
COME AGAIN



APPLICANT COPY

Cash

Oct 25

HOST INT'L OF CANADA, LTD
STREET PERFORMERS
EDMONTON INTERNATIONAL AIRPORT

2043 BONNIE

TRN 1109 OCT25'07 5:52AM

620791000500

1 WHISTLER WATER	1.99
1 BEVERAGE .05	0.05
Subtotal	2.04
2.04 G.S.T. 6%217101	0.12
Total	2.16
Cash	5.00
Change Due Cdn$	2.84

THANK YOU FOR VISITING
STREET PERFORMERS
EDMONTON INTERNATIONAL AIRPORT

APPLICANT COPY

Capital Health Authority
Retail Food Service

360

Host: North
360

10/27/2017
1:54 PM
120360

Area: Trendz Express

Tazo Tea 12 oz	1.65
Muffin (B.B.)	1.50
#Items 2 Sub Total	3.15
Tax	0.19
Order Total	3.34
Cash	20.00

Hospital
11688

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 13765
10/30/07 21:31 L# 1 A# 28 Txn# 90816
10/30/07 18:08 In 10/30/07 21:31 Out
Tkt# 298300

Regular Rate	$	2.83
Total Tax	$	0.17
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	3.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name:	ALLAUDIN MERALI	Employee Number:	Union Name:
Position:	EXEC VP & CFO	Department:	FINANCE & ADMIN
Business Phone:	407-3652	Period From:	Nov 1/07 to NOV 30/07

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ If GST included
201	9000	71115000006	62320000			40.50	☑
201	9000	71115000006	62314000			558.55	☑
							☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$599.05	☑

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali Date: Jan 28/08

Approved By: (Print name) SHEILA WEATHERILL	Title: CEO	Phone #	
(Signature)		Date	
Approved By: (Print name) Sheila Weatherill	Title: Executive Director	Phone #	
(Signature)		Date	

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**	
Position: EXEC VP & CFO	**Department:** FINANCE + ADMIN		
Business Phone: 407-3652	**Period From:** Nov 1/07 to NOV 30/07		

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62320000			40.50	☑
201	9000	71115000006	62314000			558.55	☑
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$599.05	☑

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali **Date:** Jan 28/08

Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO		**Phone #**
(Signature)			**Date**
Approved By: *(Print name)* Sheila Weatherill for SW	**Title:** Executive Director		**Phone #**
(Signature)			**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileag km
						12.00	
Nov 1/07	Parking				99.00		
Nov 4-7/7	Cabs Toronto				111.00		
					12.00		
					12.00		
					10.00		
					12.00		
					10.00		
						*15.00	
Nov 7/7	Parking					6.00	
Nov 8/07	Parking - Efax					4.50	
Nov 15/07	Parking				13.00		
Nov. 24-28/07	Cabs RSVA - Chicago				15.00		
					15.00		
					10.00		
					12.00		
					15.00		
					20.00		
					20.00		
					15.00		
					10.00		
					10.00 - no receipt		
					135.00		
						3.00	
Nov. 19/07	Parking						
	Total km				$558.55	$40.50	$0.38 (except where collective agreement specifies otherwise)
	@						

US fund. $290 = $292.55 Can

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 41533
11/01/07 12:28 Ln# 2 Aln 40 Txn#137132
11/01/07 07:28 In 11/01/07 12:28 Out
Tkt# 298959

Regular Rate	$	11.32
Total Tax	$	0.68
Total Fee	$	12.00
CASH PAID	$	12.00-
Cash Tender	$	15.00
Change Due	$	3.00

THANK YOU
COME AGAIN

Nov 4 to 7 Cabs

APPLICANT COPY

RECEIPT

Cab. No. _____ G.S.T _____

From _____

To _____

Date _____ Amount $ 9

Signature _____

RECEIPT

Cab. No. 690 G.S.T _____

From _____

To _____

Date 6-11-07 Amount $ 111.00

Signature _____

FARE #: _____ DATE: _____

CAB NO.: _____ AMOUNT $ 12 —

DRIVER'S NAME: _____

FROM: _____

TO: Hotel

NOTE: AMOUNT SHOWN ABOVE INCLUDES G.S.T.

Driver is an Independent Contractor, any G.S.T Input Credit may be claimed as "NOTIONAL" or applied to DRIVER'S Registration Number, not CO-OP CABS.

Driver's G.S.T # (if applicable)

RECEIPT

ROYAL TAXI® (416) 777-9222

www.royaltaxi.ca

DATE _____ AMT. $ 12

FROM _____

TO _____

DRIVER'S NAME _____ GST# _____

CAB# _____ FARE INCLUDES GST

The driver is an Independent Contractor, any GST ic.

THANK YOU

FARE #: _____ DATE: NOV-05-07

CAB NO.: 2269 AMOUNT $: 10.40

DRIVER'S NAME: _____

FROM: _____

TO: _____

NOTE: AMOUNT SHOWN ABOVE INCLUDES G.S.T.

Driver is an Independent Contractor, any G.S.T Input Credit may be claimed as "NOTIONAL" or applied to DRIVER'S Registration Number, not CO-OP CABS.

Driver's G.S.T # (if applicable)

RECEIPT

APPLICANT COPY

RECEIPT

Cab.No. _____ G.S.T. _____

From _____

To _____

Date _____ Amount 12.

Signature _____



INDEPEDENT CAB OWNERS' CO-OPERATIVE INCORPORATED TORONTO, ONTARIO

Date: _____ **Fare:** 10
GST INCLUDED

From: _____

To: _____

Cab # _____ **Driver:** _____

Flat rates available for Airport, Out of Town, Business Trips, Sightseeing, Etc: Ask Driver for details.

RECEIPT

APPLICANT COPY

No. 7

$15

THE *Fairmont*
HOTEL MACDONALD

PLEASE PRESENT THIS TICKET
TO CLAIM YOUR VEHICLE

8016

RELEASE AND LEGAL WAIVER

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY.

The Guest by accepting this receipt agrees that their vehicle is driven and stored subject to the conditions printed below:
THE FAIRMONT HOTEL MACDONALD shall not be responsible for the loss or damage to the vehicle, its appurtenances, or any articles which may be in or about the vehicle, while parked or while being driven by an employee or agent of THE FAIRMONT HOTEL MACDONALD, with the knowledge and consent of the owner.

PLEASE DIAL '0' FOR VALET PARKING 20 MINUTES IN ADVANCE WHEN YOU WISH TO HAVE YOUR VEHICLE PICKED UP.

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119324270 RT0001

Rcpt# 43132
11/09/07 11:58 LN 2 AM 37 TxM#1410979
11/09/07 10:05 In 11/09/07 11:58 Out
Tkt# 304381

Regular Rate	$ 5.66
Total Tax	$ 0.34
Total Fee	$ 6.00
CASH PAID	$ 6.00-
Cash Tender	$ 20.00
Change Due	$ 14.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119328270 RT0001

RcptN 14570
11/15/07 22:09 Ln 1 A# 29 Txn# 95782
11/15/07 17:44 In 11/15/07 22:09 Out
TktN 307151

Regular Rate	$	4.25
Total Tax	$	0.25
Total Fee	$	4.50
CASH PAID	$	4.50-
Cash Tender	$	5.00
Change Due	$	0.50

THANK YOU
COME AGAIN

THE Fairmont CHICAGO

APPLICANT COPY

Chicago - RSNA

Cabs

13.00
15.00
15.00
10.00
17.00
15.00
20.00
20.00
15.00
10.00
10.00 (kept wet)

200 NORTH COLUMBUS DRIVE, CHICAGO, ILLINOIS, U.S.A. 60601
TELEPHONE 312 565 8000 FACSIMILE 312 856 1032
www.fairmont.com

APPLICANT COPY

TOSHIBA

Leading Innovation

Visit us at the RSNA

North Hall, Exhibit 7130

medical.toshiba.com

CHOICE TAXI ASSOCIATION INC.

For Cab Service
Call (773) 338-9502
Thank you for your patronage.
We accept AmEx, Visa, MC, Discover, Diners Club

$ _____ Date _____ Time _____

Received from _____

Cab fare from _____ To _____

Driver _____ Cab no. _____

Taxicab Lost and Found: ChicagoDispatcher.com

TOSHIBA

Leading Innovation

Visit us at the RSNA

North Hall, Exhibit 7130

medical.toshiba.com

GLOBE TAXI ASSN., INC.

FOR CAB SERVICE CALL
(773) 725-6500
Lost and Found: (773) 725-6200

$ _____ Date _____ Time _____

Received from _____

Cab fare from _____ To _____

Driver _____ Cab no. _____

Taxicab Lost and Found: ChicagoDispatcher.com

TOSHIBA

Leading Innovation

Visit us at the RSNA

North Hall, Exhibit 7130

medical.toshiba.com

Taxi Affiliation Services, LLC
2230 South Michigan
Chicago, Illinois 60616
www.yellowcabchicago.com

APPLICANT COPY

$ _____ Time _____ Date _____

Received from: _____

Cab fare from: _____

To: _____

Driver: _____

Cab #: _____

Account #: _____

Thank you for riding with us!

CHECKER TAXI AFFL, INC. 243-2537 — 312-243-2537

YELLOW CAB AFFILIATED INC. — 312-829-4222

CITY SERVICE TAXI ASSOCIATION

2601 W. Peterson Ave.
Chicago, IL 60659
773-907-0909

$ 12 Date _____ Time _____

Received from _____

Cab fare from _____ To _____

Driver _____ Cab no. _____

Taxicab Lost and Found: ChicagoDispatcher.com

TOSHIBA
Leading Innovation »»»

Visit us at the RSNA

North Hall, Exhibit 7130

medical.toshiba.com

CITY SERVICE TAXI ASSOCIATION

2601 W. Peterson Ave.
Chicago, IL 60659
773-907-0909

$ 15 Date _____ Time _____

Received from _____

Cab fare from _____ To _____

Driver _____ Cab no. _____

Taxicab Lost and Found: ChicagoDispatcher.com

TOSHIBA
Leading Innovation »»»

Visit us at the RSNA

North Hall, Exhibit 7130

medical.toshiba.com

CHOICE
TAXI ASSOCIATION INC.
For Cab Service Call (773) 338-9502
Thank you for your patronage.
We accept AmEx, Visa, MC, Discover, Diners Club

$ 20 Date Time

Received from

Cab fare from To

Driver Cab no.

Massage Chez Vous
Licensed Therapists at your door within an hour!
773.525.1998
Receipt advertising: ChicagoDispatcher.com

APPLICANT COPY

Yellow Affiliation Services, LLC
2230 South Michigan
Chicago, Illinois 60616
www.yellowcabchicago.com

$ 20 Time Date

Received from:

Cab fare from:

To:

Driver:

Cab #:

Account #:

Thank you for riding with us!

CHECKER TAXI AFFL, INC. 243-2537
312-243-2537

YELLOW CAB AFFILIATION INC.
312-829-4222



AMERICAN-UNITED CAB ASSOCIATION

For Taxicab Service 773-248-7600

Date _____ Amt. 15 —

From _____

To _____

Name Cab No.

ALL MAJOR CREDIT CARDS ACCEPTED UPON REQUE

Taxi Affiliation Services, LLC
2230 South Michigan
Chicago, Illinois 60616
www.yellowcabchicago.com

10 —

$ Time Date

Received from:

Cab fare from:

To:

Driver:

Cab #:

Account #:

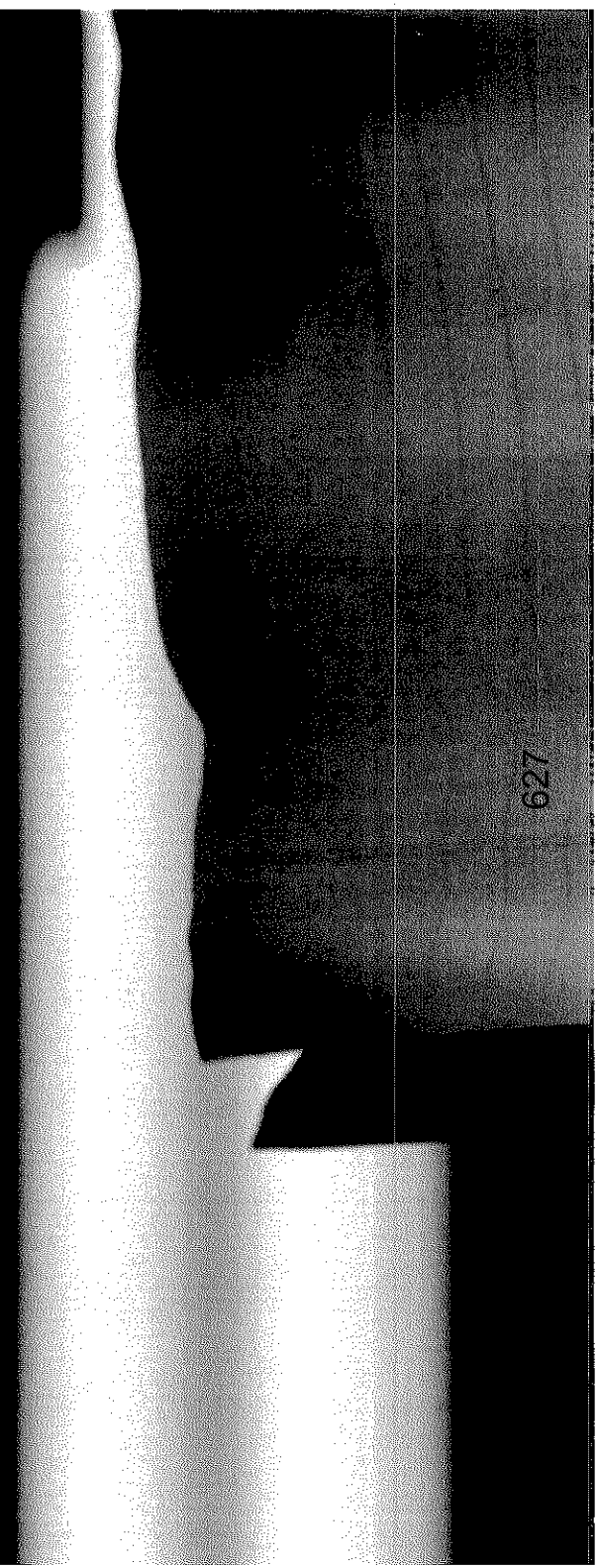
Thank you for riding with us!

CHECKER TAXI AFFL, INC. 243-2537

312-243-2537

YELLOW CAB AFFILIATION, LTD.

312-829-4222



627

APPLICANT COPY

BLUELINE

Job #

RECEIPT FOR CAB FARE

Amount $3,500 Date 22-11-07

From off

To

Cab No. 539 Driver

G.S.T. included in meter fare

VISA MasterCard AMERICAN EXPRESS Diners Club International

APPLICANT COPY

CITY OF EDMONTON
LITERARY PARKADE
GST # 119262270 RT0001

Receipt 44616
11/19/07 20:47 LN 2 AM 41 TxnN 149723
11/19/07 18:20 Tn 11/19/07 20:47 Opr
TKt# 369726
Regular Rate $ 2.83
Total Tax $ 0.17
Total Fee $ 3.00
CASH PAID $ 3.00-
Cash Tender $ 3.00
Change Due $ 0.00

THANK YOU
COME AGAIN

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department: FINANCE	
Business Phone:	Period From: 01/12 to 31/12/07	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	711500005	69500000			$20.00	☐
201	9000	711500005	62320000			17.00	☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$37.00	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali Date: Jan 28/08

Approved By: *(Print name)* SHEILA WEATHERILL	Title: CEO	Phone #
(Signature)		Date
Approved By: *(Print name)* Karla Stinson Jan 30	Title: Executive Director	Phone #
(Signature)		Date

NOTE:

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

1-0313 November 2005

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Dec 1/07	Tips – Calgary					$20.00	
Dec 7/07	Parking					14.00	
	Parking					3.00	
	Total km						
	@					$37.00	$0.38 (except where collective agreement specifies otherwise)

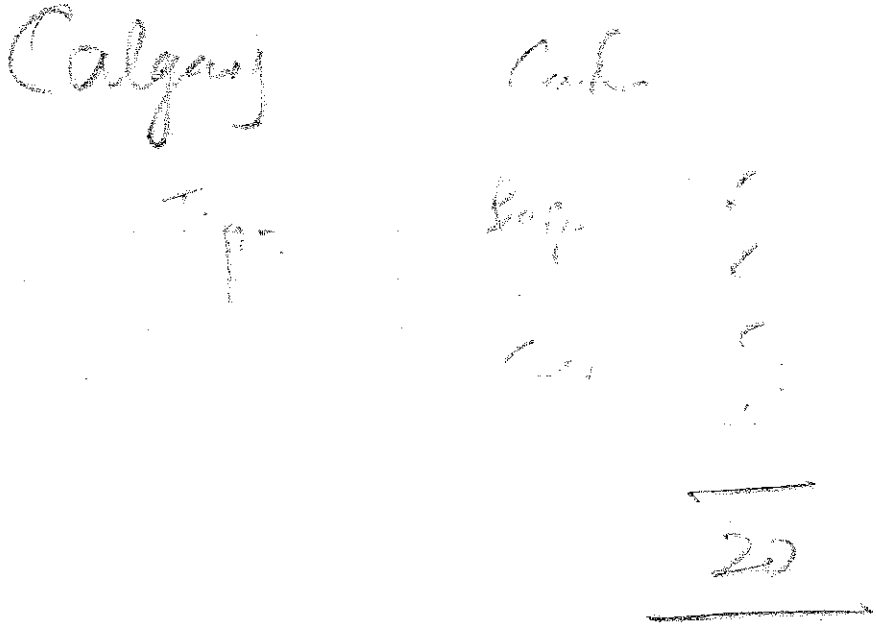
EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

ORACLE

Best Copy Possible



APPLICANT COPY

ORACLE

TELUS PARKADE
GST INC. R#122388333

07DEC03 16:35 001 002
07DEC03 13:20
/ 3:15 #188832
RATE 1 $14.00
TOTAL $14.00
CASH $14.00

MANAGED BY
IMPERIAL PARKING

APPLICANT COPY

DETACH THIS PORTION FOR VALIDATION

RECEIPT OR VALIDATION

IMPERIAL PARKING CANADA CORPORATION
10239 - 107th STREET
EDMONTON, ALBERTA 420-1976

LIC. NO.:

AMOUNT: 3.00

impark 058241

THIS FEE INCLUDES G.S.T. REG. #86731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

RECYCLEABLE

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAWOIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department: FINANCE	
Business Phone: 407-3652	Period From: 01/01 to 27/01/08	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	623200000			$23.00	☑
							☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$23.00	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	Date: Jan. 28/08

Approved By: *(Print name)* SHEILA WEATHERILL	Title: CEO		Phone #
(Signature)			Date
Approved By: *(Print name)* Leila Hurst for SW	Title: Executive Director		Phone #
(Signature)			Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPLICANT COPY

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Jan 21/08	Parking					3.00	
Jan 25/08	Parking					20.00	
	Total km						
	@					23.00	$0.38 (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Kiosk 52785
01/21/08 21:42 LA 2 AM 38 TxnA172279
01/21/08 18:54 In 01/21/08 21:42 Out
TktA 359897
Regular Rate $ 2.86
Total Tax $ 0.14
Total Fee $ 3.00
CASH PAID $ 3.00-
Cash Tender $ 5.00
Change Due $ 2.00

THANK YOU
COME AGAIN

APPLICANT COPY

Date: Feb 28 Amount: 40

THANK YOU

From:

To:

Unit: 17 Driver:

GST#

PLEASE CALL AGAIN

Jan 31

823

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position:	Department:	
Business Phone: 407-3652	Period From: to JAN 31/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	7111S000006	623140000	Reimbursable		$ 343.31	☐
							☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$ 343.31	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	Date: May 22/06

Approved By: *(Print name)* SHERRA WEATHERUM	Title: CEO	Phone #
(Signature) S Weatherum		Date May 23/06
Approved By: *(Print name)*	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
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- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS
APPLICANT COPY

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Jan/08	Internet Servi[ce]					10.00	
Jan. 31 –	Toshiba mtg				see att.	214.38	
Feb 10/08	Korea Japan				see att.	128.93	
	Total km						
	@						$0.38 (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
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   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

APPLICANT COPY

Korea - Cash

ICE CURRENCY SERVICES CANADA
3880 GRANT MCCONACHIE WAY
RICHMOND BC V7B 1W2
TEL: (604) 656 1704

866

Position No. 18
No:16518000042009

01/31/2008 09:28

KRW/S KOREA 260000.00
Sell Rate/Taux Vente 0.001154
Commission.....: 3.50
CAD RECVD/RECUS 303.50
Payment/Paiement: CASH/ARGENT
Total Cash/Argent: 303.50

PLEASE VERIFY YOUR CURRENCIES
BEFORE LEAVING THE COUNTER
HAVE A NICE DAY
THANK YOU
GST #14343 6194

Com 1 303.50

Personal 76,350 (8912)
260,000

Office 21438

1 KOREA

Sale

	Total	Personal
- Misc	✓ - 8,300	
	- 17,600 (no receipt	
	- 2,900	
	28,800	
- Dinner	✓ 56,100	

Feb 3
Sun

- B'F	✓ 10,000	
	✓ 8,200	
Shabu	✓ 13,900	
	✓ 10,000	
	✓ 4,600	
	136,700	15,350
Cell phone	107,300	
	244,000	
Misc (no receipt)	16,000	8,150
	260,000	76,350
TOTAL $300	= 294.07	

LICANT COPY



Starbucks
Coffee Korea

현금(소득공제)
(고객용)

스타벅스커피코리아 수송점
서울 중 수송 87-10
대표:이석구 104-85-16359T:02-758-8140

[POS 9340-01] 2008-02-04 08:26:54

Scone	[illegible]	1	1,700
T E/B Hot Tea [illegible]	[illegible]	1	3,300
Item Amount			5,000
NET Amount			4,545
TAX Charge	[+]		455
Grand Total		->	5,000
PAID		*	5,000
Cash		*	5,000
Change		*	0

거래일시 2008-02-04 08:26:54
식별 번호

-000-1

승인 번호 177594077

판매 금액	4,545
부가 가치세	455
봉사료	0
합계	5,000

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계산원성명 : [10071051] 김성아

사용하신 종이컵을 가지오시면
50원을 돌려드립니다.
스타벅스는 환경을 생각합니다.
반품시 본 영수증을 꼭히 지참하십시오.

www.istarbucks.co.kr



Starbucks
Coffee Korea

스타벅스커피코리아 수송점
서울 중 소공 87-10
대표:이석구 104-85-16359T:02-758-8140

[POS 9340-02] 2008-02-04 12:03:48

T Earl Grey Hot Te	3,300	1	3,300
Almond Biscotti(Ne	1,300	1	1,300
Item Amount		->	4,600
NET Amount		->	4,182
TAX Charge	[+]		418
Grand Total		->	4,600
PAID		*	4,600
Cash		*	5,000
Change		*	400

계산원성명 : [00043398] 박주원

사용하신 종이컵을 가지오시면
50원을 돌려드립니다.
스타벅스는 환경을 생각합니다.
반품시 본 영수증을 꼭히 지참하십시오.

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PLICANT COPY



Starbucks
Coffee Korea

현금(소득공제)
(고객용)

스타벅스 [illegible]
서울 중 소공 87-10
대표:이석 [illegible]

[POS 9340-01]

T E/B Hot Tea (T)
Scone
T E/B Hot Tea (T)

Item Amount
NET Amount
TAX Charge

Grand Total

PAID

Cash	*	10,000
Change	*	0

거래일시 2008-02-03 08:25:33
식별 번호

******-000-1******
승인 번호 177575191

판매 금액	9,091
부가 가치세	909
봉사료	0
합계	10,000

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계산원성명 : [10054349] 이주혼

사용하신 종이컵을 가져오시면
50원을 돌려드립니다.
스타벅스는 환경을 생각합니다.
반품시 본 영수증을 필히 지참하십시오.

www.istarbucks.co.kr



Starbucks
Coffee Korea

현금(소득공제)
(고객용)

스타벅스커피코리아 태평로점
서울 중구 태평로2가 69-7 대영빌딩 1층
대표:이석구104-85-11510T:02-758-8039

[POS 9239-01] 2008-02-02 12:21:55

T E/B Hot Tea (T)	3,300	1	3,300
Scone	1,700	1	1,700
T E/B Hot Tea (T)	3,300	1	3,300

Item Amount	->	8,300
NET Amount	->	7,545
TAX Charge [+]		755

Grand Total	->	8,300
PAID	*	**8,300**
Cash	*	**10,000**
Change	*	**1,700**

거래일시 2008-02-02 12:21:55
식별 번호

******-000-1******
승인 번호 177557919

판매 금액	7,545
부가 가치세	755
봉사료	0
합계	8,300

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계산원성명 : [10062537] 이교희

사용하신 종이컵을 가져오시면
50원을 돌려드립니다.
스타벅스는 환경을 생각합니다.
반품시 본 영수증을 필히 지참하십시오.

www.istarbucks.co.kr

Linda (card) 17,600

Starbucks Coffee Korea

현금(소득공제)
(고객용)

스타벅스커피코리아 적선점
서울 종로 적선 66 노스게이트빌딩 1층
대표:이석구101-85-16307T:02-758-8050

[POS 9250-01] 2008-02-04 16:22:40

Drip (tall)	3,000	1	3,000
T E/B Hot Tea (T)	3,300	1	3,300
T E/B Hot Tea (T)	3,300	1	3,300
Drip (tall)	3,000	1	3,000
Almond Biscotti(No	1,300	1	1,300

Item Amount	->	13,900
NET Amount	->	12,636
TAX Charge [+]		1,264
Grand Total	->	13,900
PAID	*	13,900
Cash	*	14,000
Change	*	100

거래일시 2008-02-04 16:22:39
식별 번호

****-000-1****
승인 번호 177603296

판매 금액	12,636
부가 가치세	1,264
봉사료	0
합계	13,900

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계산원성명 : [10071909] 김진실

사용하신 종이컵을 가져오시면
50원을 돌려드립니다.
스타벅스는 환경을 생각합니다.
반품시 본 영수증을 필히 지참하십시오.

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APPROVED
CANCELLED
COPY

Starbucks Coffee Korea

현금(소득공제)
(고객용)

스타벅스커피코리아 소공점
서울 중 소공 87-10
대표:이석구104-85-16359T:02-758-8140

[POS 9340-01] 2008-02-05 07:49:01

T E/B Hot Tea (T)	3,300	1	3,300
T E/B Hot Tea (T)	3,300	1	3,300
Scone	1,700	2	3,400

Item Amount	->	10,000
NET Amount	->	9,091
TAX Charge [+]		909
Grand Total	->	10,000
PAID	*	10,000
Cash	*	10,000
Change	*	0

[illegible] 2008-02-05 07:49:00

****-000-1****
승인 번호 177611314

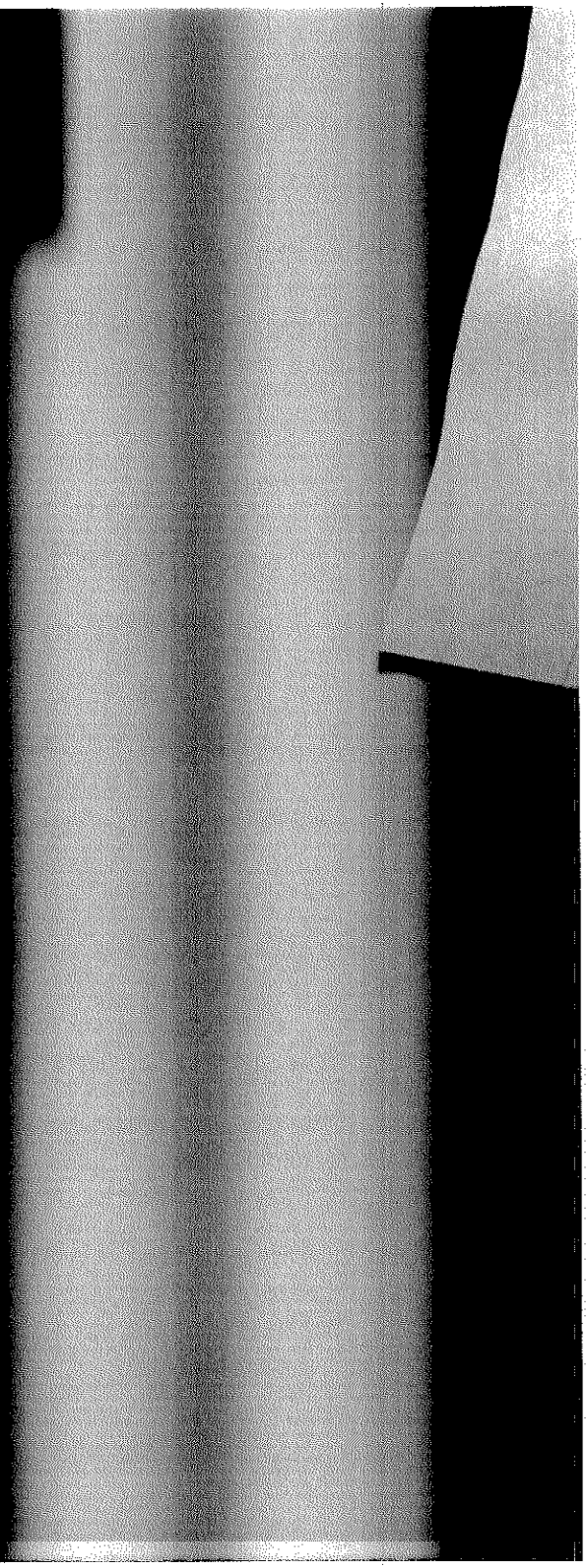
판매 금액	9,091
부가 가치세	909
봉사료	0
합계	10,000

휴대전화, 카드 번호는 http://
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계산원성명 : [10071051] 김정이

사용하신 종이컵을 가져오시면
50원을 돌려드립니다.
스타벅스는 환경을 생각합니다.
반품시 본 영수증을 필히 지참하십시오.

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Cell phone rental

LG TELECOM GLOBAL ROAMING CENTER
2172-1,UNSEO-DONG JUNG-GU,INCHEON AIRPORT
PASSENGER'S TERMINAL 1F GATE 10 ~ 11

No. 100-213-690
DATE : 05FEB'08 12:56
3/3

Rental period	01FEB'08 ~ 05FEB'08
Rental fee	W 30,000
Local call charge	W 1,185
Int'l call charge	W 93,705
Penalty for damage	W 0
Adjustment	- W 0
Subtotal	W 124,890
10%(VAT)	W 12,489
Total Due	W 137,379

FOREIGN CARD card W 30,079 ← Credit Card
451252400000****

$32.64

201010
00056472 0
0
05FEB'08

Cash payment W 107,300 ← Cash

Customer signature:

차은경(E.G.CHA)(TEL.032-7434-019, 032-7434-001)
BUSINESS HOUR 06:00~22:00(FROM Sun TO Mon

$32.64 Canadian



Cream Noodle	1	[illegible]
A.O.P	1	18,000
Coke	1	3,000
Fanta	1	3,000
Santa Rita G	1	10,000
SUB TOTAL		51,000
부가세		5,100
TOTAL		56,100

CANT COPY

Starbucks
Coffee Korea

현금(소득공제)
(고객용)

스타벅스커피코리아 명동II점
서울 중 명동1가 73-3
대표: 이석구201-85-15059T: 02-758-8103

TPOS 9303-021	2008-02-03 16:37:00		
T E/B Hot Tea (T)	3,300	1	3,300
T E/B Hot Tea (T)	3,300	1	3,300
Scone	1,700	1	1,700
Item Amount	->		8,300
NET Amount	->		7,545
TAX Charge [0]			755
Grand Total	>		8,300
PAID	*		8,300
Cash	*		8,300
Change	*		0

거래일시 2008-02-03 16:37:00
식별 번호 ****-000-1****
승인 번호 177585326

판매 금액	7,545
부가 가치세	755
봉사료	0
합계	8,300

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계산원성명 : [10073972] 임은선

사용하신 종이컵을 가져오시면
50원을 돌려드립니다.
스타벅스는 환경을 생각합니다.
반품시 본 영수증을 꼭히 지참하십시오.

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647

Japan

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ICE CURRENCY SERVICES CANADA
3880 GRANT MCCONACHIE WAY
RICHMOND BC V7B 1W2
TEL: (604) 656 1704

Position No. 18
No:16518000042010

01/31/2008 09:28

07

JPY/JAPAN 30000.00
Sell Rate/Taux Vente 0.010245
Commission.....: 0.00
Promotion: MULTIPLE TRN
CAD RECVD/RECUS 307.40
Payment/Paiement: CASH/ARGENT
Total Cash/Argent: 307.40

PLEASE VERIFY YOUR CURRENCIES
BEFORE LEAVING THE COUNTER
HAVE A NICE DAY
THANK YOU
GST #14343 6194

Meals		Receipts
Whole Team (returning from Tokyo)	6,650	1662
Meals / B'Fast / Lunch	2,960	740
	1,610	805
	2,900	725
	480	240
	490	245
Sightseeing	8,000	8,000
Misc Balance (no receipts) - Cabs, etc	8,910	5,000
	30,000	17,417

130

APPLICANT COPY

Capital Health

Payment Requisition

Accounting Services
10th Floor, North Tower CHC
10030-107 St.
Edmonton, Alberta T5J 3E4

1. Required fields are Invoice date, Invoice number, Vendor name.
2. Address is required if there is no invoice.
3. In all cases if a P.O. was used it must be noted.

I PAYEE INFORMATION *(Check one only)* ☒ Vendor ☐ Patient

Invoice Date Jan. 28/08	Invoice Number	PO #
Vendor Name ~~RBC Visa~~ Allaudin Merali		Vendor Number
Address ~~P.O. Box 4816, Stn. A~~		City ~~Toronto~~
Province/State ~~ONT~~	Postal ~~Code M5W 5E6~~	Country

4. Complete entire section.
5. CMS contract number is provided by CCO.
6. The exemption numbers are assigned by Accounting Services
7. For invoices with a purchase order, only invoice total is required.

II PAYMENT DETAILS Reason for payment: **Nov/Dec/Jan 08 - Expenses - A. Merali**

Is this a P.O. or contract payment? ☐ Yes ☒ No

If this purchase requires a contract and you do not have a CMS contract number, please contact Corporate Contracting Office (CCO)

CMS (Contract Management System) Contract Number

If not a contract or PO purchase, does it comply with items under CAD 4.4.1 Section A, 6 (f) Page 2
☒ Yes describe ☐ No, exemption # - -

Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct (Items were received as ordered, are in good condition, will be used by department and pricing/calculations checked)
☐ Yes, ☐ No Explain Below

Explanation:

Are original attachments to be mailed with cheque? *(Note 2)* ☐ Yes ☒ No

8. All fields are required if there is no purchase order.
9. All codes must be Oracle codes - do not use Vax or Tandem codes.
10. Check with Business Support for available codes.

III EXPENSE CODES (IN ORACLE FINANCIAL SYSTEM FORMAT)
(Departments must provide Complete Coding)

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Expense Sub-Total	GST if applicable	Total Payment
201	9000	71115000006	69500000	$165.00		$165.00
201	9000	71115000006	62314000	$1,773.28		$1,773.28
201	9000	71115000006	69600000	$4,574.51		$4,574.51
201	9000	71115000006	62312000	$911.17		$911.17
201	9000	71115000006	62310000	$20.00		$20.00
Currency *(select one)*						
☒ Canadian ☐ U.S. ☐ Other			TOTAL	$7,443.96		$7,443.96

11. This section is required for all payments.
12. Approver should not be requisitioner unless no other person is available.
13. Approver confirms that this payment has not already been made.

IV AUTHORIZATION

I confirm that the above items have not been previously paid, the expenses relate only to Capital Health business and information provided on this form is accurate and complete.

Requisitioned by *(Print name)* Trudy Corrigan	*(Signature)* T. Corrigan	Phone # 407-3652
Title: Executive Secretary		Date Jan. 28/08
Approved by *(Print name)* Allaudin Merali	*(Signature)* A Merali	Phone # 407-3652
Title: Executive Vice President & CFO	Signing Authority ~~Level~~ #3	Date
Approved by *(Print name)* Sheila Weatherill	*(Signature)*	Phone #
Title: CEO	Signing Authority Level #	Date

AUTHORIZATIONS SHOULD BE IN ACCORDANCE WITH SIGNING AUTHORITY POLICY NUMBER FINANCE 4.1 – SEE PAGE 2 FOR DETAILS

Notes:
1) All employee claims must be submitted on the Travel & Employee Expense Claim form
2) All cheques and attachments will be mailed out by Accounting Services. Cheques will NOT be pulled and returned to departments for mailing.
3) Fully completed payment requisitions received in Accounting Services by **MONDAY, 4:00 p.m.** will be processed that week.
4) **Incomplete/improperly authorized payment requisitions will be returned without processing**

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC. VP & CFO	**Department:** FINANCE & ADMIN	
Business Phone: 407-3652	**Period From:** FEB 1/06	**to** FEB 28/06

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	7111500000 6	62310000			$48.00	☒ 5%
201	9000	7111500000 6	62314000			$218.72	☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$266.72	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali **Date:** May 22/06

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO	**Phone #**
(Signature) Sheila Weatherill		**Date** May 23/06
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Feb 12/08	Bflrd mtg-parking				6.00	W	
Feb 13/08	EEOC Board Mtg				14.00	W	
Feb 19/08	CCG Foundation Event				20.00	W	
Feb 21/08	EEOC Audit Mtg				8.00	W	
Feb. 23-27/08					48.00		
	Breakfast		$6.25 US = $8.50 Ca.				
	Cab fares				42.00		
				$204 US	12.00	$212.25 Can	
					25.00		
					45.00		
					20.00		
					20.00		
					40.00		
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals							

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

Corrigan, Trudy

From: Phillips, Laura
Sent: Friday, April 18, 2008 2:28 PM
To: Corrigan, Trudy
Subject: RE: US Dollars

Trudy;

6.25 US = 6.50 CAD
204.00 US = 212.22 CAD

Thanks Laura

From: Corrigan, Trudy
Sent: Friday, April 18, 2008 1:54 PM
To: Phillips, Laura
Subject: US Dollars

Laura - I'm doing Allaudin's expense claim and need a conversion from US to Canadian dollars.

Week of February 21/08

$6.25 US
$204.00 US

Thank you
Trudy

Trudy Corrigan
Executive Secretary to
Executive Vice President and Chief Financial Officer
1J2 WMC, 8440-112 Street
Edmonton, AB T6G 2B7

tel: (780) 407-3652 **fax:** (780) 407-7556

Capital Health
www.capitalhealth.ca

Building Canada's Health Capital

This communication is intended for the use of the recipient to which it is addressed, and may contain confidential, personal, and or privileged information. Please contact us immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communication received in error, or subsequent reply, should be deleted or destroyed.

APPLICANT COPY

CITY OF EDMONTON
LIBRARY, GARAGE
100AVE 170ST
GST # 119262270 RT0001

Acct# EDMX 1 # 2 AM 35
02/12/08 08:57 TXN#1052609
02/12/08 08:57 TH
TAX# 3E1344
Product Rate $ 5%
Total Tax $ 0.29
Total Fee $ 5.00
CASH PAID $ 5.00-
Cash Tender $ 20.00
Change Due $ 14.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 55963
02/13/08 10:36 Lt# 2 Aft 34 Tkt#1351944
02/13/08 07:27 In 02/13/08 10:36 Out
Tkt# 351944

Regular Rate	$	13.33
Total Tax	$	0.67
Total Fee	$	14.00
CASH PAID	$	14.00-
Cash Tender	$	20.00
Change Due	$	6.00

THANK YOU
COME AGAIN

APPLICANT COPY

Feb 14/08 - Hotel McD Parking

$20

THE Fairmont
HOTEL MACDONALD

28539

see back

Guest Name

Room Number

Date

1-800-Fairmont

☐ Room ☐ Cash

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119526270 RT0001

Route 56972
02/21/08 09:36 LM 2 AM 27 Txn#136392
02/21/08 07:35 In 02/21/08 09:36 Out
Tkt# 355948
Regular Rate $ 7.62
Total Tax $ 0.38
Total Fee $ 8.00
CASH PAID $ 8.00-
Cash Tender $ 10.00
Change Due $ 2.00

THANK YOU
COME AGAIN

Items Ordered Feb

		CABS	Other
Cash	- Belfast		6.25
	- Cab	42.00	
	"	12.00 (Temple Meads)	
	"	25.00	
	"	45.00	
	"	20.00	
	"	20.00	
	"	40.00	

204.00

RECEIPT

APPLICANT COPY 144078

DATE 2/23/08 No.

RECEIVED FROM Best LLC

forty-two $ 42.00

☐ FOR RENT
☑ FOR OIA to CNE Dep

ACCOUNT			☒ CASH
PAYMENT			☐ CHECK
BAL DUE			☐ MONEY ORDER

FROM

BY

Central Florida Transportation Co.
(407) 808-4709
Owner/Sila

Date _____ Car # _____

Amount $ _____

From _____ Tips $ _____

To: _____ Total $ 25

Driver _____

Central Florida Transportation Co.
(407) 808-4709
Owner/Sila

Date _____ Car # _____

Amount $ 45

From _____ Tips $ _____

To: _____ Total $ _____

Driver _____

407-808-5555

YELLOW CAB ✦ AIRPORT CAB

VAN & TOWNCARS

AIRPORT SPECIAL RATES

Discounts to All Airports & All Round Trips

Super Pass ✦ BIG Savings

Airport Attractions 20

Dinner Shows Night Life

407-808-5555

YELLOW CAB ✦ AIRPORT CAB

VAN & TOWNCARS

AIRPORT SPECIAL RATES

Discounts to All Airports & All Round Trips

Super Pass ✦ BIG Savings

Airport Attractions

Dinner Shows Night Life

20

Central Florida Transportation Co.
(407) 808-4709
Owner/Sila

Date _____ Car # _____

Amount $ 40

From _____ Tips $ _____

To: _____ Total $ _____

Driver _____

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**	
Position: EXEC VP & CFO	**Department:** FINANCE		
Business Phone: 407-3652	**Period From:** MARCH 1/06	**to** MARCH 31/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62310000			$ 29.00	☐
201	9000	71115000006	62312000			35.00	☒
201	9000	71115000006	62314000		recalled	52.57	☐
							☐
		62310 :					☐
							☐
Less Cash Advance							☐
Total						$ 116.57	☐

28.00
1.00

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali. **Date:** May 22/06

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* SHEILA WEATHERILL	**Title:** CEO	**Phone #**	
(Signature) S Weatherill		**Date** May 23/06	
Approved By: *(Print name)*	**Title:**	**Phone #**	
(Signature)		**Date**	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
March 05	Cab - Airport - Toronto				✓ $20.00		
	+ Hotel - airport				✓ 15.00		
March 2	Boston - cab } CHC				$40.00 (US)		
March 3	New York - cab }						
	Breakfast		$5.82 } US 6.45 }		= $52.57 Can		
March 13	Parking - mtg.					✓ 3.00	
March 17	Dinner mtg -					✓ 3.00	
March 25	Meter parking					✓ 1.00	
March 25	Lunch mtg - parking					✓ 6.00	
March 26	Dinner mtg - parking					✓ 3.00	
March 27	Dinner mtg - parking					✓ 3.00	
March 31	[redacted] - Cab -				✓ 10.00		
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals							

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Corrigan, Trudy

From: Phillips, Laura
Sent: Thursday, May 22, 2008 11:53 AM
To: Corrigan, Trudy
Subject: RE: Money Exchange

Trudy;

I have added the exchange conversion in red to your email below.

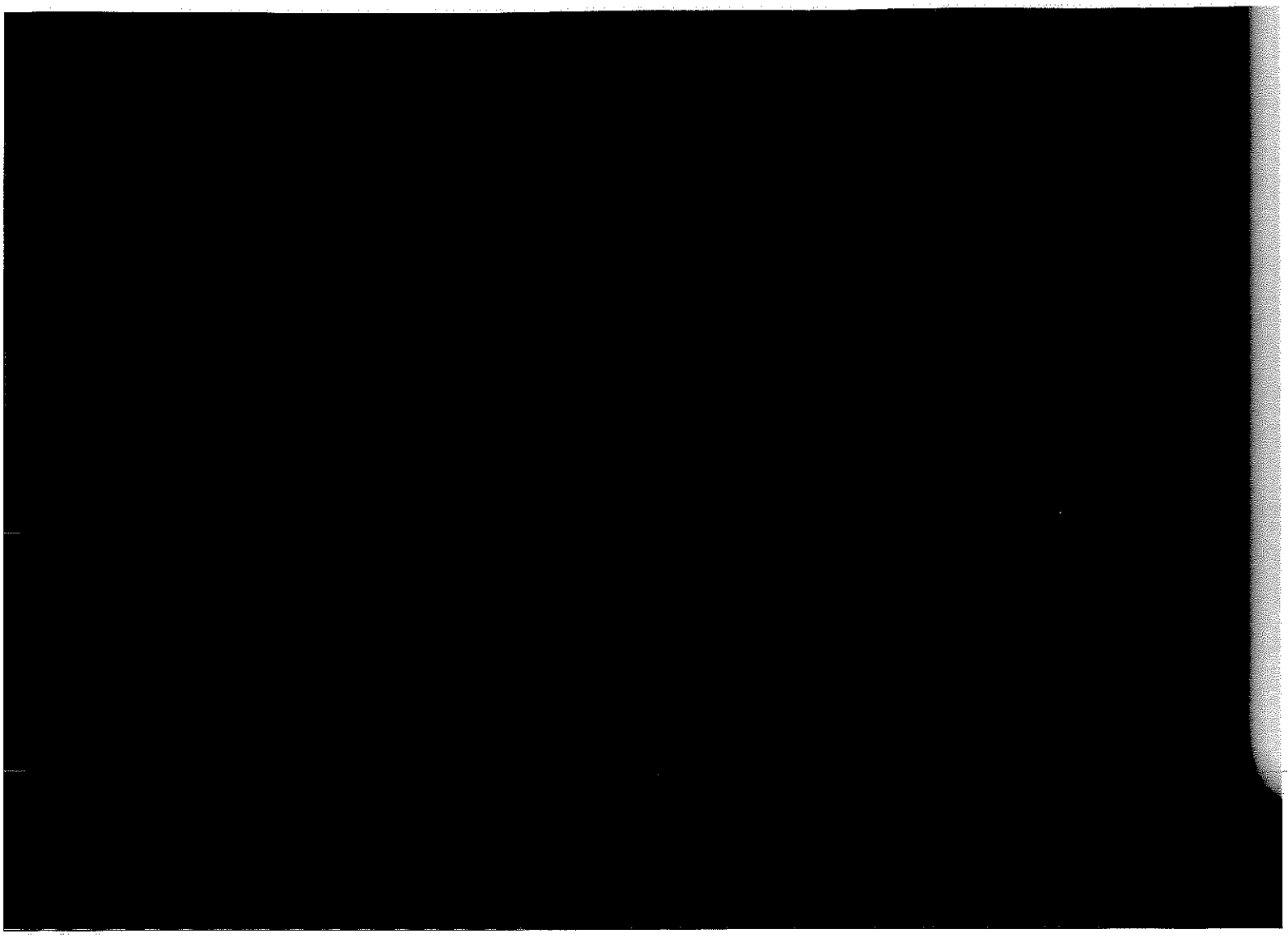
Thanks Laura

From: Corrigan, Trudy
Sent: Thursday, May 22, 2008 11:08 AM
To: Phillips, Laura
Subject: Money Exchange

Laura

Are you able to help me - trying to do Allaudin's expense claims.

Travel in March/08 - March 2 & 3 - $52.57 US 52.57 US Dollar = 53.894 Canadian Dollar



MAR 1 to MAR 4

Cabs - Toronto Airport → Hotel 20

← 15 55

- Boston 45

- N.Y. 40

- Breakfast 5.82

6.75

52.57

TOTAL $6.75
CASH $50.00
CHANGE $43.25

HAVE A NICE DAY
PLEASE COME AGAIN

YELLOW CAB

ADMIN: 465-8500
FAX: 462-2722

10135-31 Avenue
Edmonton, AB T6N 1C2

462-3456
THANK YOU/MERCI

Date: _____ Amount/Montant $ 20.50 Car/Voiture # _____

Driver/Chauffeur: _____ GST# _____

From/De: _____ To/A: _____

VISA MasterCard enRoute

CAB FARE OR PARCEL RECEIPT

Date: _____ Cab# _____

From: _____

To: _____

Amount $ 15 Driver's Sign: _____

ALL STAR TAXI GST# _____

INDUSTRIAL AND CORPORATE ACCOUNTS WELCOME

MED# E145
03/03/08 TR [illegible]
START END MILES
18:25 18:54 11.2
REGULAR FARE
RATE 1:$ 26.50
OUT OF TOWN FARE
RATE 4:$ 0.80
SURCH: $ 1.00
TRIBB:$ 4.00
TOTAL: $ 32.30
THANKS
TO CONTACT TLC
DIAL 3-1-1

+ Tips

40.00

no change

Au Bon Pain
Au Bon Pain 723

Office Catering Specialists 800-765-4227

STORE #000723

QUESTIONS - CONCERNS?
Call us at 1 800 TALK ABP
Visit us at our website:
http://WWW.AUBONPAIN.COM

Ticket #683
2008-03-04 06:23:07
000723 13 124 683

MED HOT TEA	1.49
20oz Aquafina	1.89
Bran Muffin	1.99
FOR HERE	5.37
Tax	.45
Amount Due	$5.82
CASH	$5.82
Change	$.00

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 60157
03/13/08 20:41 L# 2 A# 38 Txn#196316
03/13/08 18:28 In 03/13/08 20:41 Out
Tkt# 367930

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	5.00
Change Due	$	2.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 60659
03/17/08 21:13 L# 2 A# 40 Txn#197868
03/17/08 18:04 In 03/17/08 21:13 Out
Tkt# 370408

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	5.00
Change Due	$	2.00

THANK YOU
COME AGAIN

COPY

Mar 25 Meter Parking

$1

APPLICANT COPY

Mar 25/08

[redacted]

1 1/2 HOUR 6.00
CASH 6.00

ITEM 1
1CL 4786 13:25TM

IMPARK LOT # 160
HYS CENTRE PARKADE
GST #887731 5438 RT0006

03-25-2008 TUE #0

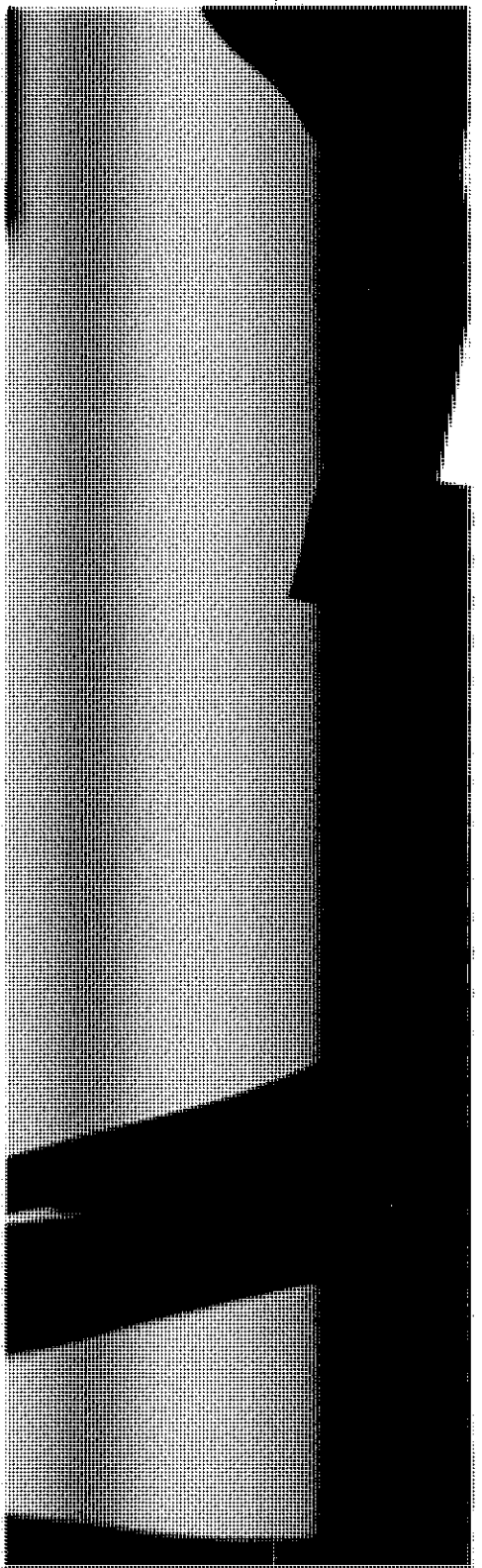
APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 61793
03/26/08 21:46 L# 2 A# 36 Txn#200980
03/26/08 18:07 In 03/26/08 21:46 Out
Tkt# 373699

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	5.00
Change Due	$	2.00

THANK YOU
COME AGAIN



APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 61971
03/27/08 20:40 LN 2 AN 41 Txn#201452
03/27/08 17:56 In 03/27/08 20:40 Out
Tkt# 374226

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	3.00
Change Due	$	0.00

THANK YOU
COME AGAIN

Cash Toronto

APPLICANT COPY

DIAMOND TAXICAB 416 366-6868 DISPATCH SERVICE

www.diamondtaxi.ca

416-366-6868

DATE 31-03-2008 AMT. $10.00

FROM

TO

DRIVER'S NAME Sam GST#

CAB# 2500 FARE INCLUDES GST

The driver is an Independent Contractor, any GST input credit may be claimed as "notional" or applied to the driver's GST registered number, not Diamond Taxi Ltd.

THANK YOU

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAOUIN MERAL	Employee Number:	Union Name:
Position:	Department:	
Business Phone:	Period From: DEC/07 to MAR/08 for Royal Bank Credit Card	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62314000			8,043.66	☐
201	9000	71115000006	61020005			32.64	☐
201	9000	71115000006	69600000			595.00	☐
201	9000	71115000006	62310000			65.00	☒
		LESS - (PERSONAL)				8,736.30	☐
			(USE OF AIR TRAVEL PASS)			(150.00)	☐
						(795.98)	☐
Less Cash Advance							☐
Total						7,790.32	☐

69600 62314

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaouin Meral	Date: March 26/08

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: (Print name) SHEILA WEATHERILL	Title: CEO	Phone #
(Signature)		Date March 29/08
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 0371) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Dec/07	lunch ANeW		75.00 n				
Feb 1/08	Hotel-Korea	$1,709.14 n					
Feb 3/08	Hotel-	871.43 n					
Feb 5/08	Phone/Cell Phone					32.64 n	
Feb 10/08	Hotel Tokyo	3,951.46 n					
Feb 28/08	Studio City, Orlando	580.62 / n					
Mar 2/08	Sheraton-Mississauga	166.97 / n					
Mar 5/08	Sheraton, N.Y - mtg	301.16 n					
Mar 6/08	Red Ox Inn - Dinner mtg		120.00 n				
Mar 10/08	Jack's Grill - Dinner mtg		400.00 n				
Mar 12/08	Yellow Cab-airport				$65.00 w		
Mar 4/08	Hotel-Boston EHR	462.84 n					
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals		$8,043.66	$595.00		$65.00	$32.64	8,736.30

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

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   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
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   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

RBC Royal Bank

British Airways VISA Platinum

MR ALLAUDIN MERALI s.17(1), 17(4)(e.1)
s.17(1), 17(4)(g)(i)

STATEMENT FROM FEB 16 TO MAR 14, 2008 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	Non-Responsive
	MR ALLAUDIN MERALI - s.17(1), 17(4)(e.1)	
FEB 28	FOUR POINTS STUDIO CITY ORLANDO FL	$580.62
	Foreign Currency-USD 580.52 Exchange rate-1.000172	
MAR 02	FOUR POINTS BY SHERATON MISSISSAUGA ON	$166.97
MAR 03		Non-Responsive
MAR 04	THE FAIRMONT COPLEY PLZ BOSTON MA	$462.84
	Foreign Currency-USD 453.64 Exchange rate-1.020280	
MAR 05	SHERATON MANHATTAN HOTEL NEW YORK NY	$301.18
	Foreign Currency-USD 297.14 Exchange rate-1.013596	
MAR 06	RED OX INN EDMONTON AB	$120.00
MAR 10	JACK'S GRILL EDMONTON AB	$400.00
MAR 12	YELLOW CAB EDMONTON AB	$65.00
	TOTAL NEW BALANCE	Non-Responsive

Join us in working toward a better environment

RBC Royal Bank® electronic statements are online versions of your paper statements and are available for your Personal Deposit Accounts, Royal Credit Line®, RBC Homeline Plan® and *Visa**. Access and manage up to 7 years of statements in our secure archive. Sign on to Online Banking, select Edit Profile and follow the links to change your statement options.

Royal Bank of Canada 2007 Public Accountability Statement

Royal Bank of Canada's 2007 Corporate Responsibility Report and Public Accountability Statement is now available at www.rbc.com/pas.

Are you one of the many drivers who could save by switching to RBC Insurance®?

Find out by getting an auto insurance quote from RBC Insurance today! You could even save up to an additional 12% per policy for having both your home and auto insurance from us[1].

Enjoy the benefits of your card

Travel with ease outside of your province or country knowing that your RBC® British Airways *Visa** card covers emergency medical expenses for you and your family. Visit the insurance section of www.rbcroyalbank.com/cards/ba for more information.

IMPORTANT INFORMATION Non-Responsive

BA MILES SUMMARY Non-Responsive

Earned for Visa Purchases	
Total Miles earned this statement	

CONTACT US

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780
British Airways	1-800-955-2748
Web site	www.britishairways.ca

PAYMENT INFORMATION

Minimum payment	
Payment due date	
Credit limit	
Available credit	
Interest rate - Interest bearing purchases	
Interest rate - Cash advances	

CALCULATING YOUR BALANCE Non-Responsive

Previous Statement Balance	
Payments & credits	
Purchases & debits	
Cash advances	
Interest	
Fees	
NEW BALANCE	

HRI - 00 - 3 - 3 - 9 - 234 - D

RBC Royal Bank

APPLICANT COPY

Please Note:
The Terms and Conditions have been updated for the British Airways Companion Ticket Offer and the $30 Flight Discount Offer. Please refer to this month's insert for details.

British Airways VISA Platinum

MR ALLAUDIN MERALI s.17(1), 17(4)(e.1)
s.17(1), 17(4)(g)(i)

STATEMENT FROM JAN 16 TO FEB 15, 2008 s.17(1), 17(4)(e.1)

DATE	ACTIVITY DESCRIPTION		AMOUNT ($)
	PREVIOUS STATEMENT BALANCE		Non-Responsive
	MR ALLAUDIN MERALI -		s.17(1), 17(4)(e.1)
JAN 21	SORRENTINO'S DOWNTOWN EDMONTON AB		$3,097.99
JAN 26	HILTON GARDEN INN YXESD SASKATOON SK		$234.50
FEB 01	CHOSUN HOTEL CORPORATION SEOUL		$1,709.14
	Foreign Currency-USD 1,662.54	Exchange rate-1.028029	
FEB 03	BILRASOLEUTINO SEOWOOL		$871.43
	Foreign Currency-KPW 803,000	Exchange rate-.001085	
FEB 05	LG TELECOM FFE 873487SEOUL		$32.64
	Foreign Currency-KPW 30,079	Exchange rate-.001085	
FEB 10	IMPERIAL HOTEL TOKYO		$3,951.48
	Foreign Currency-JPY 416,671	Exchange rate-.009483	
	SUBTOTAL OF MONTHLY ACTIVITY		Non-Responsive

s.17(1), 17(4)(g)(i) s.17(1), 17(4)(e.1)

FEB 01	**PAYMENT - THANK YOU / PAIEMENT - MERCI**	Non-Responsive
	SUBTOTAL OF MONTHLY ACTIVITY	
	TOTAL NEW BALANCE	

Important Notice

We are making some changes to your cardholder agreement which will affect your rights and obligations as you use your RBC Royal Bank® *Visa** card. For details, please refer to the Important Notice enclosed with this *Visa* statement. If you have any questions, please call 1-800 ROYAL® 1-2.

IMPORTANT INFORMATION

BA MILES SUMMARY

Earned for Visa Purchases	
Total Miles earned this statement	

CONTACT US Non-Responsive

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780
British Airways	1-800-955-2748
Web site	www.britishairways.ca

PAYMENT INFORMATION

Minimum payment	
Payment due date	
Credit limit	
Available credit	
Interest rate - Interest bearing purchases	
Interest rate - Cash advances	

CALCULATING YOUR BALANCE Non-Responsive

Previous Statement Balance	
Payments & credits	
Purchases & debits	
Cash advances	
Interest	
Fees	
NEW BALANCE	

VE = included in previous expense claim

O = this expense claim

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RBC Royal Bank

APPLICANT COPY

16488106
45331773

British Airways VISA Platinum

MR ALLAUDIN MERALI

s.17(1), 17(4)(e.1)
s.17(1), 17(4)(g)(i)
s.17(1), 17(4)(e.1)

STATEMENT FROM DEC 15, 2007 TO JAN 15, 2008

Get 30% more BA Miles

There is still time to convert your hotel points to BA Miles. Transfer your hotel points by February 29, 2008, and receive a bonus of 30% more BA Miles. For more information visit www.ba.com/hotelptm.

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	Non-Responsive
	MR ALLAUDIN MERALI -	s.17(1), 17(4)(e.1)
DEC 17		
DEC 17		
DEC 18		
DEC 18		
DEC 18	SORRENTINO'S DOWNTOWN EDMONTON AB	$420.00
DEC 18	YELLOW CAB EDMONTON AB	$20.00
DEC 19	NORMANDS RESTAURANT EDMONTON AB	$199.39
DEC 20	CHARACTERS RESTAURANT EDMONTON AB	$75.00
DEC 27		
DEC 29		
JAN 01		
JAN 10		
	TOTAL NEW BALANCE	Non-Responsive

RSP deadline is Feb 29, 2008

Have you made your RSP contribution yet? Talk to your advisor or call us at 1-800 ROYAL® 1-1 to discuss how we can help you maximize your contribution and help achieve your retirement goals.

IMPORTANT INFORMATION

BA MILES SUMMARY Non-Responsive

Earned for Visa Purchases	
Total Miles earned this statement	Non-Responsive

CONTACT US

Customer Service / Lost & Stolen	1-800-769-251
Collect Outside North America	(416) 974-778
British Airways	1-800-955-274
Web site	www.britishairways.c

PAYMENT INFORMATION 452-1

Minimum payment	
Payment due date	
Credit limit	
Available credit	
Interest rate - Interest bearing purchases	
Interest rate - Cash advances	

Non-Responsive Non-Responsive

CALCULATING YOUR BALANCE

Previous Statement Balance	
Payments & credits	
Purchases & debits	
Cash advances	
Interest	
Fees	
NEW BALANCE	

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APPLICANT COPY

MARLIN TRAVEL
O-O 101017690
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: CAPITAL HEALTH
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

LOCATOR : JGNN38
OUR REF : ZCH0022254C
AGENT : MARG PETERSON

I N V O I C E

INV NO: 25937
DATE: 29FEB08
PAGE: 1

FOR: MR ALLAUDIN MERALI
AC 115735615
BA 16488100

- - - - - - - - - - - - - - - - I T I N E R A R Y - - - - - - - - - - - - - - - - - -

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	TORONTO	AIR CANADA E90	172 Y	GK	14MAR	12:30P	6:13P		2PC
	AIR CANADA BOOKING REFERENCE NJMPYM								
	E TICKET 0142155590546								
	SEAT 25D								
TORONTO	WASHINGTON	AIR CANADA E75	312 Y	GK	14MAR	8:45P	10:09P		2PC
	AIR CANADA BOOKING REFERENCE NJMPYM								
	E TICKET 0142155590546								
	SEAT 12D								
WASHINGTON	TORONTO	AIR CANADA JET	8001 Y	GK	16MAR	9:00A	10:30A		2PC
	AIR CANADA J								
	AIR CANADA BOOKING REFERENCE NJMPYM								
	E TICKET 0142155590546								
TORONTO	EDMONTON INTL	AIR CANADA E90	177 Y	GK	16MAR	12:05P	2:24P		2PC
	AIR CANADA BOOKING REFERENCE NJMPYM								
	E TICKET 0142155590546								
	SEAT 13D								

- C O S T -

AIR CANADA	TKT NO ACO	2155590546	(INCL 86.98	TAX)	795.98
				GST/HST	0.00

CONTINUED ON NEXT PAGE

PERSONAL (FLIGHT PASS USED)

MARLIN TRAVEL
O-O 101017690
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: CAPITAL HEALTH
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

LOCATOR : JGNN38
OUR REF : ZCH0022254C
AGENT : MARG PETERSON

I N V O I C E

INV NO: 25937
DATE: 29FEB08
PAGE: 2

*** SUB-TOTAL EXCLUDING GST/HST & APT		795.98	
*** TOTAL GST/HST		0.00	
*** TOTAL CHARGES THIS INVOICE ***			795.98
PAYMENT BY CA**********3878	TKT 2155590546		795.98
*** BALANCE DUE THIS INVOICE ****			0.00
BALANCE DUE TO DATE			0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

Trudy
Can I get the info on what I need to pay for my Washington trip attached

Gonzalez, Karen

From: Gonzalez, Karen
Sent: Thursday, March 13, 2008 1:56 PM
To: 'amerali@capitalhealth.ca'
Subject: Air Canada - Electronic Ticket Itinerary/Receipt

Hi Trudy

I was only able to get the second leg confirmed on business class, as the space to Toronto is completely full for business class. Even the other flights earlier in the day are full as well. Space until the end of March is pretty much at capacity. We will try again for the return.

Thanks
Karen

From: Air Canada [mailto:confirmation@aircanada.com]
Sent: Thursday, March 13, 2008 9:33 AM
To: Gonzalez, Karen
Subject: Air Canada - Electronic Ticket Itinerary/Receipt

******* PLEASE DO NOT REPLY TO THIS E-MAIL *******

Air Canada

Your upgrade is confirmed

Your Itinerary / Receipt

Thank you for booking at aircanada.com.
Keep this itinerary / receipt for your travel.

Main Contact Information:

Name:	**Marlin Travel**
Email:	karen.gonzalez@marlintravel.ca
Telephone:	780 4258611

Booked by:

Name:	kare
IATA:	6087935

Questions about your booking or Air Canada online services?
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

On the web
aircanada.com

Alert me of flight changes
Flight Notification

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Booking Reference: **NJMPYM**

Itinerary

Flight	From	To	Date	Depart	Arrive	Fare Class
AC172	Edmonton International (AB)	Toronto Pearson (ON) - Terminal: T1	Mar 14, 2008	12:30	18:13	Latitude
AC312	Toronto Pearson (ON) - Terminal: T1	Washington National (DC) - Terminal: B	Mar 14, 2008	20:45	22:09	Executive Class
AC8001	Washington National (DC) -	Toronto Pearson (ON) -	Mar 16	09:00	10:30	Latitude

APPLICANT COPY

	Terminal: B	Terminal: T1	2008				
AC177	Toronto Pearson (ON) - Terminal: T1	Edmonton International (AB)	Mar 16, 2008	12:05	14:24	Latitude	

Passenger Information

Passenger 1

Name	MR ALLAUDIN MERALI
Frequent Flyer Plan	Air Canada Aeroplan 115735615
Ticket Number	0142156113865
Credit Card Number	N/A
Meal Preference	Regular
Special Needs	None
Seat Selection	AC172 - 25D AC312 - 3A AC8001 - 5D AC177 - 13D

In the event that seat selection is NOT available for all passengers in your booking on this leg of your trip, seat selection will not be completed and you will not be charged (if seat selection charges were applicable).

Terms and Conditions

Disclaimer/Avertissement ----------
- This email and any files transmitted with it are privileged, confidential, and intended solely for the use of the individual or entity to whom they are addressed. Views expressed are those of the author and not necessarily those of the Corporation or its affiliates. Any unauthorized use or disclosure is prohibited. Please notify the sender if you have received this email in error. Thank you for your co-operation. Le présent courriel et, s'il y a lieu, ses pièces jointes constituent des renseignements confidentiels et destinés au seul usage de leurs destinataires, qu'il s'agisse de particuliers ou d'organismes. Les opinions qui y sont exprimées sont celles de l'auteur et ne correspondent pas nécessairement à celles de l'entreprise ou de ses affiliées. Il est interdit d'utiliser ou de divulguer ces renseignements sans autorisation. Si vous avez reçu ce courriel par erreur, veuillez communiquer avec son expéditeur. Nous vous remercions de votre collaboration. ----------

APPLICANT COPY

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAWOIN MERAH	Employee Number:	Union Name:
Position: EXEC VP & CFO	Department: FINANCE & ADMIN	
Business Phone: 407-3652	Period From: March 24 to APRIL 30/08	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	
201	9000	711150000006	69600000			$273.96	☐	233.73 40.23
201	9000	711150000006	62310000			56.00	☒	
201	9000	711150000006	62314000			$606.20	☒	580.56 25.64
							☐	
							☐	
							☐	
Less Cash Advance							☐	
Total						$936.16	☐	

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Allawoin	Date: May 22 2008 (~~April 30~~/08)

Approved By: (Print name) SHEILA WEATHERILL	Title: CEO & PRES.	Phone #
(Signature)		Date May 23/08
Approved By: (Print name)	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Mar 25/08	hundmtg - Cardiology/AKH				✓	*50.00	
"	Dinner Mtg (IT)					167.96	
Mar 31 - Apr 2	- Hotel - Toronto						
	(Deloitte - to reimburse CH)	*606.20					
Apr 4/08	Taxis				✓15.00		
Apr 5/08	hmd - AKH - Mr. Door					56.00	
	Parking " "					1.00	
Apr 8/08	ECDC Credit Com Parking					10.00	
Apr 9/08	Dinner mtg - Parking					3.00	
Apr 12/08	Dinner mtg - Ouse Parking					4.60	
Apr 17/08	ECDC - Brdsts					14.00	
Apr 23/08	Parking					3.00	
Apr 29/08	Parking					3.00	
Apr 30/08	Parking					3.00	
	✓	*606.20			15.00	*283.96	
	Total km						
	@						$0.38 (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

RBC Royal Bank

British Airways VISA Platinum

MR ALLAUDIN MERALI s.17(1), 17(4)(e.1)

s.17(1), 17(4)(g)(i)

STATEMENT FROM MAR 15 TO APR 15, 2008 s.17(1), 17(4)(e.1) 1 OF 2

DATE	ACTIVITY DESCRIPTION	AMOUNT ($)
	PREVIOUS STATEMENT BALANCE	
	MR ALLAUDIN MERALI - s.17(1), 17(4)(e.1)	
MAR 25	THAT'S AROMA EDMONTON AB – Non-Responsive - Cardiologist	$50.00
MAR 25	NORMANDS RESTAURANT EDMONTON AB (Dinner)	$167.96
MAR 27		
APR 03	FAIRMONT ROYAL YORK TORONTO ON – Non-Responsive to be reimbursed	$606.20
APR 04	YELLOW CAB EDMONTON AB	$15.00
APR 05	HOTEL MACDONALD - F&B EDMONTON AB – AKA Dr. Doe	$56.00
	TOTAL NEW BALANCE	

Join us in working toward a better environment

RBC Royal Bank® electronic statements are online versions of your paper statements and are available for your Personal Deposit Accounts, Royal Credit Line®, RBC Homeline Plan® and *Visa**. Access and manage up to 7 years of statements in our secure archive. Sign on to Online Banking, select Edit Profile and follow the links to change your statement options.

Royal Bank of Canada 2007 Public Accountability Statement

Royal Bank of Canada's 2007 Corporate Responsibility Report and Public Accountability Statement is now available at www.rbc.com/pas.

Protect your *Visa** balance with BalanceProtector insurance

While we all would like to believe we'll always be able to make our monthly *Visa* payments, sometimes the unexpected can change our plans. That's why it's important to be prepared. Now there's affordable protection to help cover an outstanding balance on your RBC Royal Bank® *Visa*. BalanceProtector® insurance can cover you in events such as death, critical illness, disability, strike or involuntary job loss.

To enroll in BalanceProtector insurance or for more information call

Welcome to Terminal 5!

British Airways now has the largest and possibly the most luxurious airline lounge complex in the world at London's Heathrow Airport. As an RBC® BA *Visa** cardholder, you will receive 5 BA Miles per $1 spent on BA purchases until June 30, 2008.

IMPORTANT INFORMATION Non-Responsive

BA MILES SUMMARY

Earned for Visa Purchases	
Total Miles earned this statement	

Non-Responsive

CONTACT US

Customer Service / Lost & Stolen	1-800-769-2512
Collect Outside North America	(416) 974-7780
British Airways	1-800-955-2748
Web site	www.britishairways.ca

Non-Responsive

PAYMENT INFORMATION

Minimum payment	
Payment due date	
Credit limit	
Available credit	
Interest rate - Interest bearing purchases	
Interest rate - Cash advances	

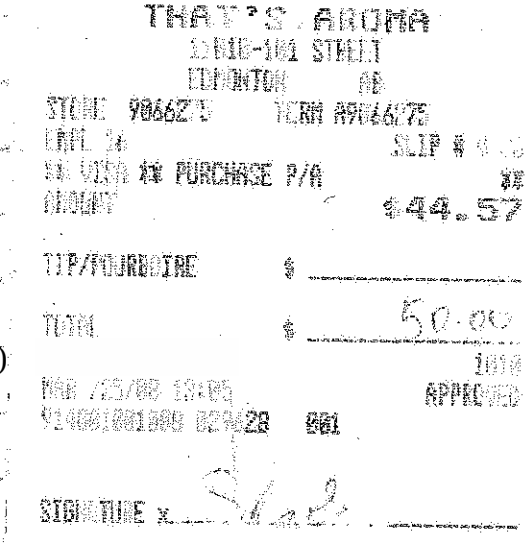
Non-Responsive

CALCULATING YOUR BALANCE

Previous Statement Balance	
Payments & credits	
Purchases & debits	
Cash advances	
Interest	
Fees	
NEW BALANCE	

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APPLICANT COPY


THAT'S AROMA
[illegible]
[illegible] STREET
EDMONTON AB
STORE 99662 TERM A9V46475
UNIT 34 SLIP # [illegible]
SERVICE ON PURCHASE P/U $
AMOUNT 44.57
TIP/GRATUITY $
TOTAL $ 50.00
[illegible] APPROVED
[illegible]
SIGNATURE X

s.17(1), 17(4)(e.1)

APPLICANT COPY

****

===TRANSACTION RECORD===

NORMANDS RESTAURANT
11639A JASPER AVE
EDMONTON AB T5K

TYPE: PURCHASE

Amount:	$	14
Tip:	$	2
ACCT: CREDIT	$	16

CARD NUMBER:
XXXXXXXXXXXX9755

DATE : 2008/03/25
TIME : 19:46:53
REF./TRN#: 0000559
77000901 S Emp. #: 117
AUTH.#: (003196)

TRANSACTION
000 APPROVED 001
THANK YOU

Cardholder will pay card issuer the above amount pursuant to cardholder agreement.

**** CUSTO / ****

$167.96

THE Fairmont ROYAL YORK

APPLICANT COPY

100 FRONT STREET W
TORONTO, ON M5J 1E3
T 416 368 2511 F 416 368 2884
G.S.T. Registration # 139445290

Room : 12138
Folio # : 876788
Cashier # : 179
Page # : 1 of 1

Mr Allaudin Merali

s.17(1), 17(4)(g)(i)

Arrival : 03-31-08
Departure : 04-02-08
Fairmont President's Club
s.17(1), 17(4)(g)(i)

Date	Description	Additional Information	Charges	Credits
03-31-08	Gold Lounge - Beverages	582284	14.95	
03-31-08	Room Charge		255.00	
03-31-08	G.S.T. - Rooms		12.75	
03-31-08	P.S.T. - Rooms		12.75	
03-31-08	Destination Marketing Fee		7.27	
03-31-08	G.S.T. - DMF		0.38	
04-01-08	Gold Lounge - Beverages	582292	14.95	
04-01-08	Room Charge		255.00	
04-01-08	G.S.T. - Rooms		12.75	
04-01-08	P.S.T. - Rooms		12.75	
04-01-08	Destination Marketing Fee		7.27	
04-01-08	G.S.T. - DMF		0.38	
04-02-08	Visa XXXXXXXXXXXX9755			606.20
		Total	**606.20**	**606.20**
		Balance Due	**0.00**	

GST Summary

Room	26.26
F&B	1.30
Other	0.00
Total	27.56

Guest signature
Signature du client **X** _____

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from:
United States or Canada 1 800 441 1414
Pour information et réservations visitez notre web au
www.fairmont.com ou téléphoner au Hôtels Fairmont de:
De États-Unis or Canada 1 800 441 1414

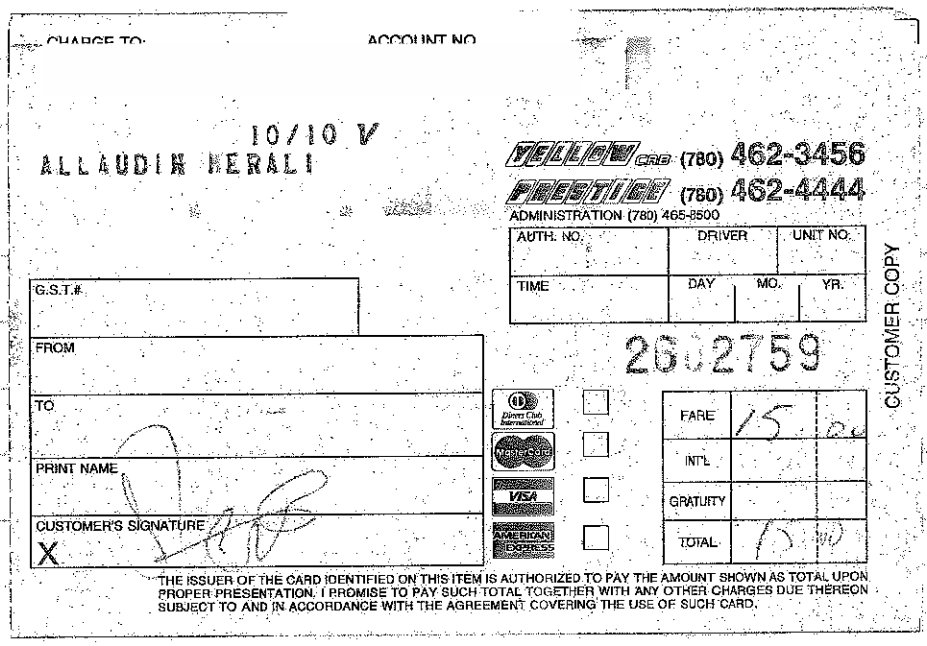
I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (19.56% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a $.75 (Mon-Fri) and $1.50 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas ou la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (19,56% par année)
J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,75$ par jour (du Lundi au Vendredi) et de 1,50$ le Samedi, (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts

Merci d'avoir choisi les Hôtels Fairmont

s.17(1), 17(4)(e.1)



CHARGE TO: ACCOUNT NO.

10/10 V

ALLAUDIN KERALI

YELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY / MO. / YR.	

2602759

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE

X

Diners Club International ☐

MasterCard ☐

VISA ☐

AMERICAN EXPRESS ☐

FARE	15	00
INT'L		
GRATUITY		
TOTAL	15	00

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

APPLICANT COPY

Fairmont Hotel Macdonald
The Harvest Room

352 Aleisha

302/1 CHK 1828 GST 2
APR05'08 1:13PM

1 STEAK SANDWHICH	26.00
1 PORTABELLO SAND	18.00
Food	44.00
44.00 GST	2.20
Total Due ..	$46.20

FAIRMONT HOTEL MACDONALD
GST# 846543619

GRATUITY _____

TOTAL 56.00

ROOM # _____

PRINT NAME _____

SIGNATURE _____
NOT A CREDIT CARD VOUCHER
PLEASE PAY YOUR SERVER

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 63290
04/08/08 09:59 Lane 2 Attn 28 Txn#206306
04/08/08 07:27 In 04/08/08 09:59 Out
Tkt# 379703

Regular Rate	$	9.52
Total Tax	$	0.48
Total Fee	$	10.00
CASH PAID	$	10.00-
Cash Tender	$	20.00
Change Due	$	10.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 20843
04/05/08 14:39 L# 1 A# 38 Txn#136485
04/05/08 12:57 In 04/05/08 14:39 Out
Tkt# 378551

Regular Rate	$	0.95
Total Tax	$	0.05
Total Fee	$	1.00
CASH PAID	$	1.00-
Cash Tender	$	5.00
Change Due	$	4.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119526270 RT0001

Rcpt# 63626
04/09/08 21:15 Lk# 2 Ak# 12 Txn#207346
04/09/08 18:00 In 04/09/08 21:15 Out
Tkt# 380576

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	3.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 64127
04/12/08 20:02 L# 2 A# 12 Txn#209487
04/12/08 17:28 In 04/12/08 20:02 Out
Tkt# 302576

Regular Rate	$	3.81
Total Tax	$	0.19
Total Fee	$	4.00
CASH PAID	$	4.00-
Cash Tender	$	20.00
Change Due	$	16.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 64884
04/17/08 12:18 Lt# 2 Aw 6 Txn#211156
04/17/08 07:35 In 04/17/08 12:18 Out
Tkt# 384440

Regular Rate	$	13.33
Total Tax	$	0.67
Total Fee	$	14.00
CASH PAID	$	14.00-
Cash Tender	$	20.00
Change Due	$	6.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 65837
04/23/08 21:59 L# 2 A# 12 Txn#213843
04/23/08 18:29 In 04/23/08 21:59 Out
Tkt# 387328

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	3.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 66346
04/28/08 20:07 Lt# 2 At# 12 Txn#215707
04/28/08 18:09 In 04/28/08 20:07 Out
Tkt# 389794

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	3.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 21869
04/30/08 22:37 LN 1 AM 35 Txn#143157
04/30/08 20:38 In 04/30/08 22:37 Out
Tkt# 390942

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	3.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: Exec. VP & CFO	Department:	
Business Phone: 407-3652	Period From: APR 12/08 - MAY 31/08	- Payments through personal VISA

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included	
201	9000	71115000006	69600000			~~630.97~~ 5.97	☐	542.04 93.93
201	9000	71115000006	62312000			572.97	☐	367.48 205.43
201	9000	71115000006	62310000			~~100.00~~	☐	
						105.00	☐	95.00 10.00
							☐	
							☐	
Less Cash Advance						1313.88	☐	
Total						$ 1,307.28 ~~1,307.28~~	☐	

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali	Date: June 3/08

Approved By: *(Print name)* SHEILA WEATHERILL	Title: CEO	Phone #
(Signature)		Date June 4/08
Approved By: *(Print name)*	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS APPLICANT COPY

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
Apr 12/08	Taxi - to from mtg.				$65.00 ✓		
Apr 21/08	P+P Conf - Victoria		✓ 4.48				
Apr 21/08	Taxi return airport				✓ 65.00 ✓		
Apr 29/08	Denise Mtg - LTC					192.37	
n							
May 4/08	Taxi - Vancouver } Seattle				} 36.00		
May 6/08	" "				} 35.00		
May 6/08	Taxi - airport - home				✓ 65.00		
May 9/08	Bl Pad mtg - Board RG					$85.00	
May 12/08	Denise mtg.					149.60	
May 15/08	Taxi airport home				✓ 60.00		
May 16/08	Mtg.					58.00	
May 16/08	Bl Pad mtg - gas'd					51.00	
May 14/08	Airpad x2				✓ 130.00		
May 13-14/08	Cerner mtg.	$177.43 CA. ($180.33 US)					
May 22/08	lunch mtg - Cardiac					65.00	
May 26/08	Mtg - DS.					~~28.00~~	
May 28/08	Taxi				16.00	35.00	
May 28/08	Taxi				24.00		
						5 97	
		177.43	4.48		Total = $184.00	639.37	
					Out of Pocket - 391.00		
	Total km						
	@						$0.38 (except where collective agreement specifies otherwise)

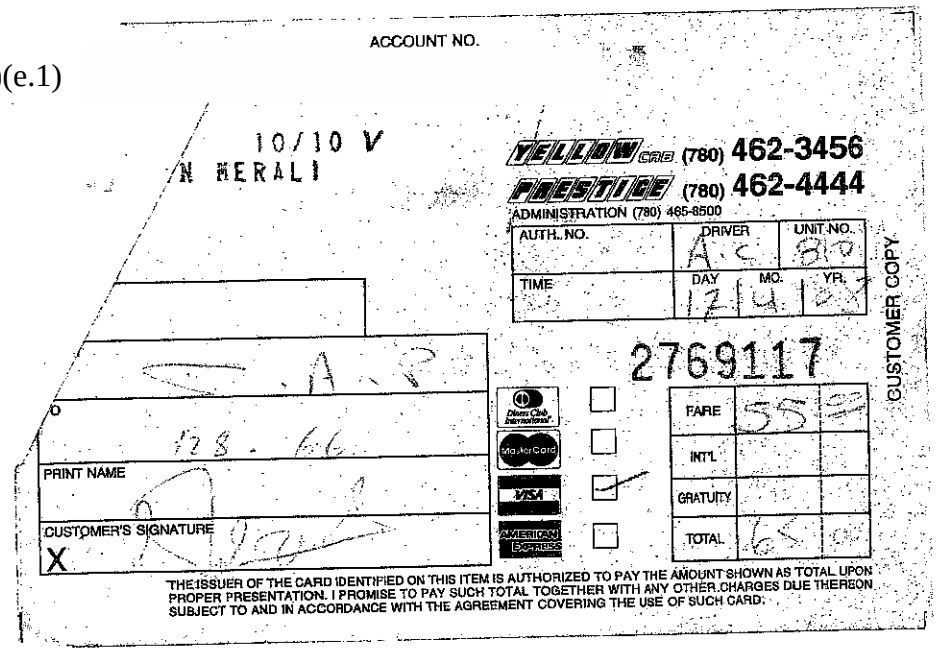
EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

s.17(1), 17(4)(e.1)



Brentwood Bay Lodge & S
849 Verdier Ave, Brentwood Bay
BC, V8M 1C5
Tel. 250-544-2079 **Fax** 250-544-2069

VOID/CANCEL COPY

Brentwood Bay Lodge & Spa
849 Verdier Ave
Brentwood Bay, BC
V8M 1C5

250-544-2079

Apr 21 2008 7:50 am Trans# 26667

TRANSACTION RECORD

Card Number :	**********9755
Card Entry :	KEYED
Card Type :	VISA
Trans Type :	PRE-AUTHORIZATION ADVICE
Amount :	$4.48
Auth # :	037072
Reference # :	0014280020
Terminal # :	66046606
Date :	04/21/08
Time :	07:50:04

01/027 APPROVED - THANK YOU

Merali, Allaudin & s.17(1), 17(4)(g)(i)

s.17(1), 17(4)(g)(i)

Arrival Date **Apri**
Departure Date **Apri**

Folio Items	Item Description
Sunday, April 20, 2008	
	BBL Label Water 24/500ml:
Monday, April 21, 2008	
	BBL Label Water 24/500ml:

Payment Details

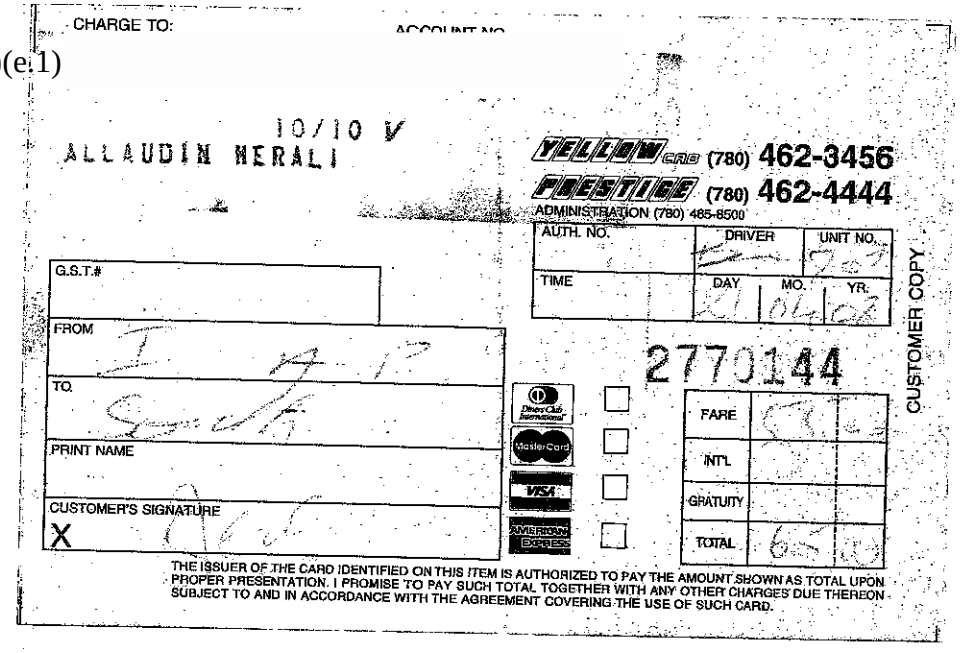
Payment	Amount
VISA	4.48

Cardholder Signature

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement.

Merchant Copy

s.17(1), 17(4)(e.1)



CHARGE TO:

10/10 V

ALLAUDIN MERALI

YELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 485-8500

AUTH. NO.	DRIVER	UNIT NO.
		207

TIME	DAY	MO.	YR.
	21	04	02

2770144

G.S.T.#

FROM I 4 P

TO Sy. 24

PRINT NAME

CUSTOMER'S SIGNATURE

X

FARE	6.50
INT'L	
GRATUITY	
TOTAL	6.50

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

****

===TRANSACTION RECORD

NORMANDS RESTAURANT
11639A JASPER AVE
EDMONTON AB T5M

TYPE: PURCHASE

Amount:	$	167.37
Tip:	$	25.00
ACCT: CREDIT	$	192.37

CARD NUMBER:
XXXXXXXXXXXX9755

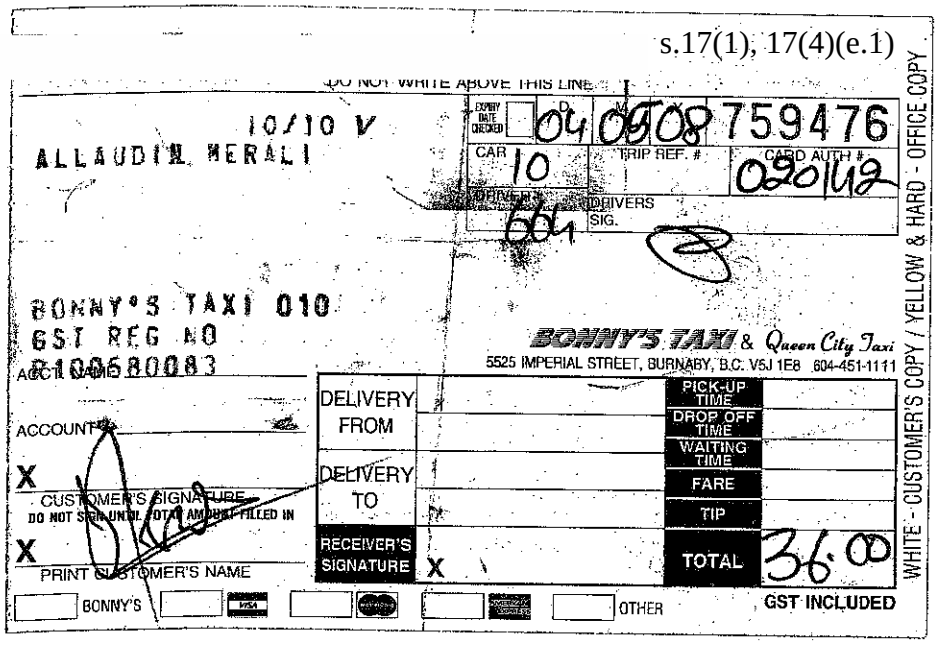
DATE : 2008/04/29
TIME : 20:01:39
REF./TRN#: 0000948
77000901 S Emp. #: 108
AUTH.#: (065045)

TRANSACTION
000 APPROVED 001
THANK YOU

Cardholder will pay card issuer the above amount pursuant to cardholder agreement.

**** CUSTOMER COPY ****

s.17(1), 17(4)(e.1)


DO NOT WRITE ABOVE THIS LINE

10/10 V

ALLAUDIN MERALI

EXPIRY DATE CHECKED

04 0908 759476

CAR 10

TRIP REF. #

CARD AUTH #

020142

DRIVER # 604

DRIVERS SIG.

BONNY'S TAXI 010

GST REG NO

R100680083

BONNY'S TAXI & Queen City Taxi

5525 IMPERIAL STREET, BURNABY, B.C. V5J 1E8 604-451-1111

ACCT NAME

ACCOUNT #

X

CUSTOMER'S SIGNATURE

DO NOT SIGN UNTIL TOTAL AMOUNT FILLED IN

X

PRINT CUSTOMER'S NAME

DELIVERY FROM

DELIVERY TO

RECEIVER'S SIGNATURE X

PICK-UP TIME

DROP OFF TIME

WAITING TIME

FARE

TIP

TOTAL 36.00

BONNY'S

OTHER

GST INCLUDED

WHITE - CUSTOMER'S COPY / YELLOW & HARD - OFFICE COPY

APPLICANT COPY

VANCOUVER TAXI LTD
302 INDUSTRIAL AVE
VANCOUVER B C V6A 2P3
604-871-1111

DATE:	2008/05/06
PICK-UP TIME:	10:30
DROP-OFF TIME:	11:03
LOCATION:	873000-45024143836
CAR NUMBER:	0010
CARD TYPE:	VISA S
CARD:	**********9755
EXPIRY:	*****
AUTH:	AP073584

FARE ($):	35.00
EXTRA ($):	0.00
SUBTTL ($):	35.00

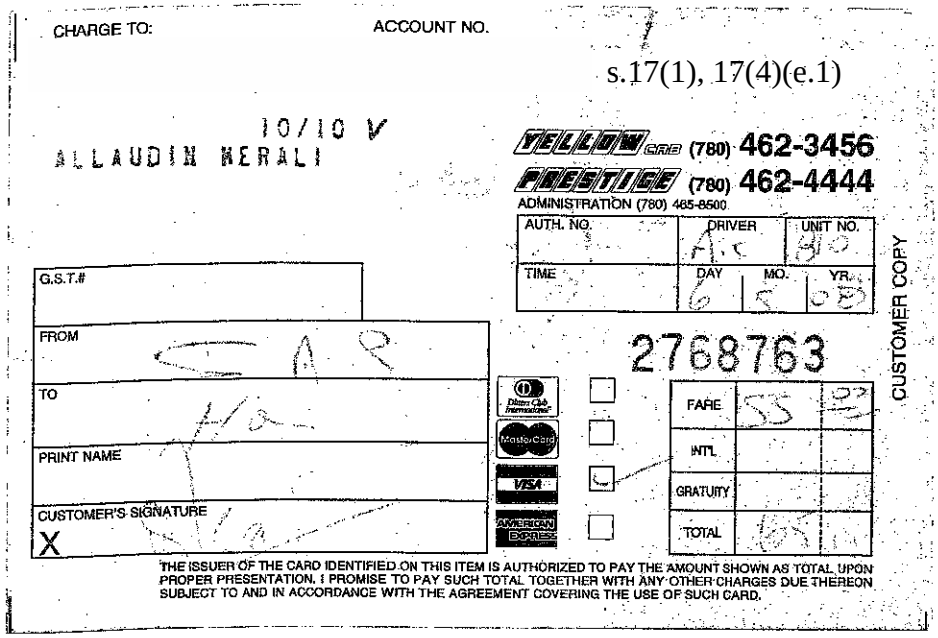
TIP ($):_____

TOTAL ($):_____

SIGNATURE:_____

THANK YOU
VANCOUVER TAXI LTD

CUSTOMER'S COPY



CHARGE TO: ACCOUNT NO.

s.17(1), 17(4)(e.1)

10/10 V

ALLAUDIN KERALI

YELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 485-8600

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY / MO. / YR.	
	6 / 5 / 08	

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE

X

2768763

	FARE	
	INTL	
	GRATUITY	
	TOTAL	

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

Fairmont Hotels & Resorts
Fairmont Hotel Macdonald
The Harvest Room
10065-100 Street
Edmonton, Alberta T5J0N6
(780) 424 5181

CHECK: 1140
TABLE: 303/1
SERVER: 149 Olivia
DATE: MAY09'08 8:27AM
CARD TYPE: VISA
ACCT #: XXXXXXXXXXXX9755
EXP DATE: XX/XX
AUTH CODE: 017701
ALLAUDIN MERALI

SUBTOTAL: 73.50

GRATUITY _____

TOTAL 85.00

SIGNATURE _____

PLEASE RETURN A SIGNED COPY
TO YOUR SERVER

****

===TRANSACTION RECORD==

NORMANDS RESTAURANT
11639A JASPER AVE
EDMONTON AB T5K 0M9

TYPE: PURCHASE

Amount:	$	119.60
Tip:	$	30.00
ACCT:		
CREDIT	$	149.60

CARD NUMBER:
XXXXXXXXXXXX9755

DATE : 2008/05/12
TIME : 20:18:28
REF./TRN#: 0001123
77000901 S Emp. #: 102
AUTH.#: (075439)

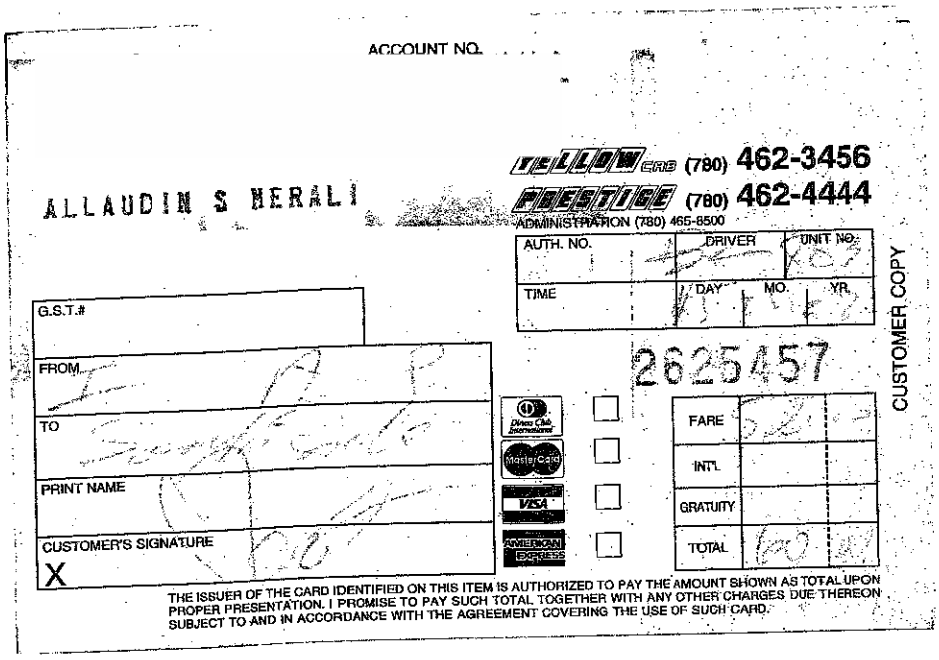
TRANSACTION
000 APPROVED 001
THANK YOU

Cardholder will pay card issuer the above amount pursuant to cardholder agreement.

**** CUSTOMER COPY ****

APPLICANT COPY

s.17(1), 17(4)(e.1)


ACCOUNT NO.

ALLAUDIN S MERALI

YELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO. | DRIVER | UNIT NO.

TIME | DAY | MO. | YR.

CUSTOMER COPY

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE

X

2625457

Diners Club International

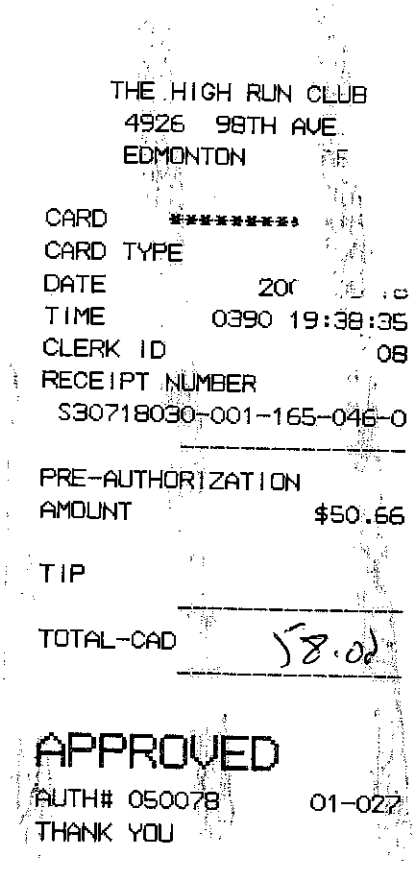
MasterCard

VISA

AMERICAN EXPRESS

FARE	
INT'L	
GRATUITY	
TOTAL	

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.



THE HIGH RUN CLUB
4926 98TH AVE.
EDMONTON AB

CARD **********
CARD TYPE
DATE 20[illegible]
TIME 0390 19:38:35
CLERK ID 08
RECEIPT NUMBER
S30718030-001-165-046-0

PRE-AUTHORIZATION
AMOUNT $50.66

TIP

TOTAL-CAD $8.02

APPROVED
AUTH# 050078 01-027
THANK YOU

APPLICANT COPY

Fairmont Hotel Macdonald
The Harvest Room

121 GLORIA

203/1 CHK 1638 GST 2
MAY16'08 7:44AM

---

1 OATMEAL BERRIES	15.00
1 2 EGGS/TST	11.00
1 COFFEE	3.00
1 TEA	4.00
2 ORANGE JUICE	10.00
Food	43.00
43.00 GST	2.15
Total Due ..	$45.15

FAIRMONT HOTEL MACDONALD
GST# 846543619

GRATUITY_____

TOTAL 51.00

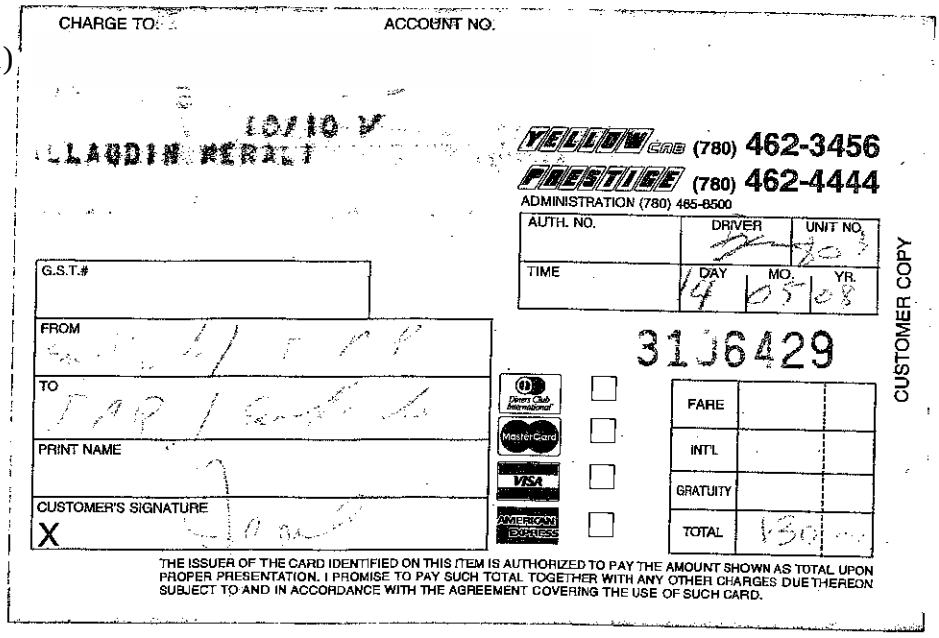
ROOM #_____

PRINT NAME _____

SIGNATURE _____
NOT A CREDIT CARD VOUCHER
PLEASE PAY YOUR SERVER

APPLICANT COPY

s.17(1), 17(4)(e.1)



CHARGE TO: ACCOUNT NO.

LOYIO V
ALLAUDIN KERALI

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
TIME	DAY / MO. / YR.	
	19 / 05 / 08	

G.S.T.#

FROM

TO

PRINT NAME

CUSTOMER'S SIGNATURE
X

3136429

FARE	
INT'L	
GRATUITY	
TOTAL	150

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY

APPLICANT COPY

Last Name	First Name
MARALI	ALLAUDIN

Street
CERNER CORPORATION

2800 ROCKCREEK PARKWAY

City	State	Zip Code
KANSAS CITY	MO	64117

1/0

Folio	1
Page	1
Room	4009
Rate	155.00
Arrival	05/13/08 TUE
Departure	05/14/08 WED
Bonuses	
Type	CCARD
Account	XXXXXXXXXXXX9755 XX/XX

DATE	DESCRIPTION	CHARGE/CREDIT
05/13	CORPORATE ROOM	155.00
05/13	*KC DEV FEE	1.73
05/13	*ROOM TAX	23.60
05/14	XXXXXXXXXXXX9755 ExXX/XX	-180.33
	Total Due	.00
VISA	67041240011	

No frequent traveler account has been credited for this stay.
To enroll in Gold Passport, call 1-800-51-HYATT.

How was your stay? Please e-mail your comments
to consumer affairs at BMUEHLHA@HYATT.COM
or call the manager on duty at (816)398-4751.
Thank you for your business,
Cheryl Harris
Executive Assistant Manager

For billing inquiries, please call our accounting
department at (816)398-4970.

DATE	DESCRIPTION	CHARGE/CREDIT

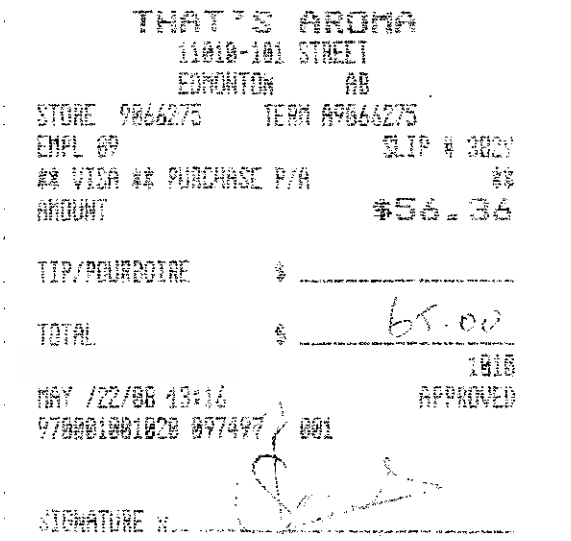
HYATT

$177.43 Canadia

Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

s.17(1), 17(4)(e.1)



THAT'S AROMA
11010-101 STREET
EDMONTON AB
STORE 9866275 TERM A9866275
EMPL 09 SLIP # 3823
** VISA ** PURCHASE P/A **
AMOUNT $56.36

TIP/POURBOIRE $ _____

TOTAL $ 65.00

1815
MAY /22/08 13:16 APPROVED
9780001001020 077497 001

SIGNATURE X _____

APPLICANT COPY

Fairmont Hotels & Resorts
Fairmont Hotel Macdonald
The Confederation Lounge
10065-100 Street
Edmonton, Alberta T5J0N6
(780) 424 5181
CHECK: 5189
TABLE: 11/1
SERVER: 152 Chad
DATE: MAY26'08 4:13PM
CARD TYPE: VISA
ACCT #: XXXXXXXXXXXX9755
EXP DATE: XX/XX
AUTH CODE: 098264
ALLAUDIN MERALI

SUBTOTAL: 29.40

GRATUITY _____

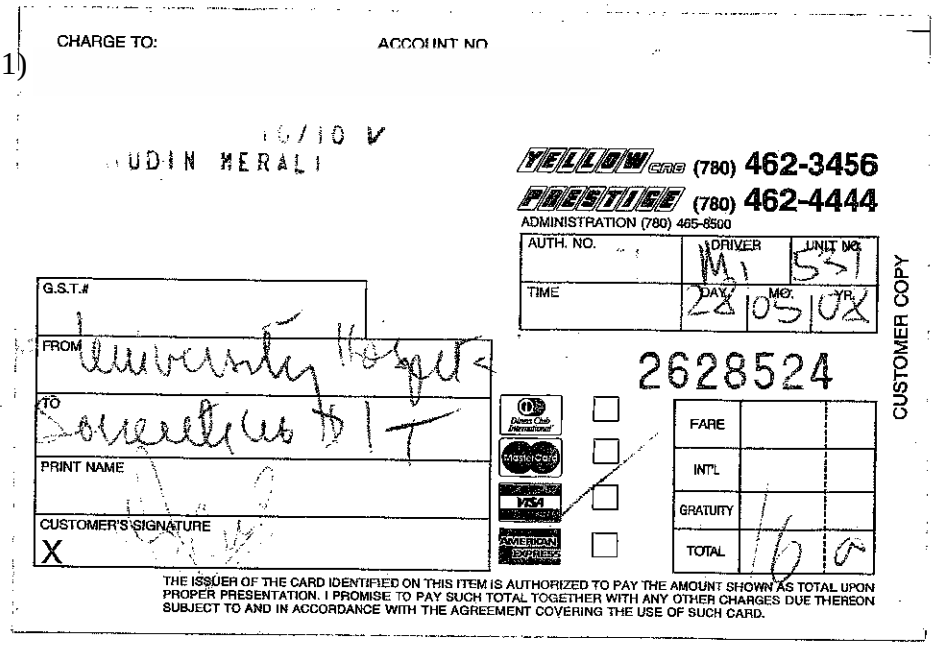
TOTAL _____

SIGNATURE 35.00

PLEASE RETURN A SIGNED COPY
TO YOUR SERVER

APPLICANT COPY

s.17(1), 17(4)(e.1)



CHARGE TO: ACCOUNT NO

UDIN MERALI

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
	M1	531
TIME	DAY 28 MO. 05 YR. 02	

2628524

G.S.T.#

FROM University Hospital

TO Southgate D/T

PRINT NAME

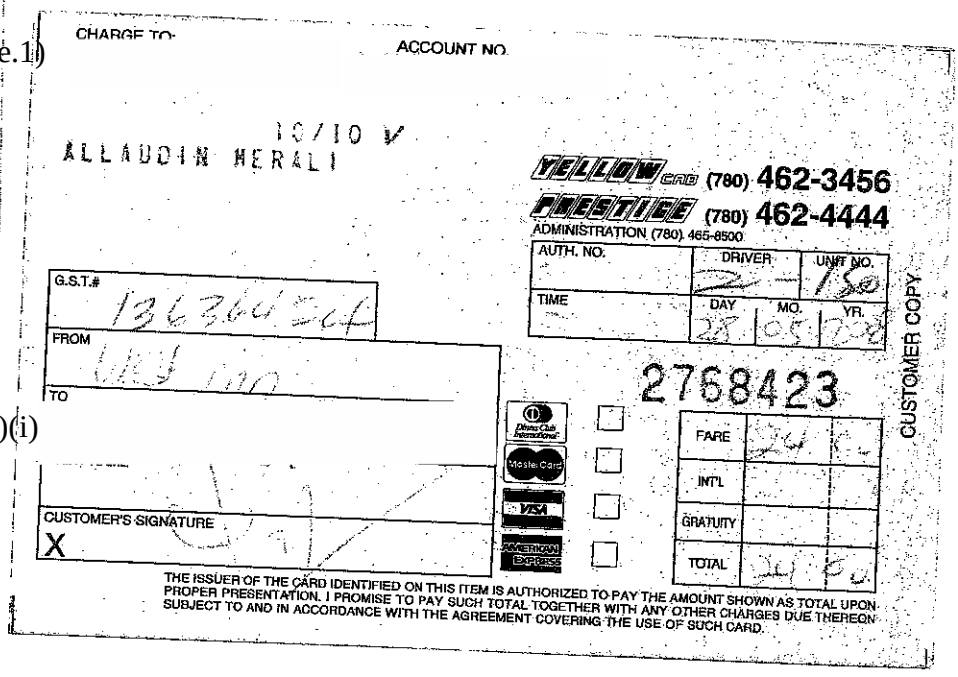
CUSTOMER'S SIGNATURE X

FARE	
INT'L	
GRATUITY	
TOTAL	10 00

CUSTOMER COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

s.17(1), 17(4)(e.1)



s.17(1), 17(4)(g)(i)

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXE. VP & CFO	Department:	
Business Phone: 407-3652	Period From: MAY 1 to May 31/06	- CASH ADVANCE

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69500000			$12.60	☒
201	9000	71115000006	62310000			$73.00	☒
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$85.60	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali	Date: June 3/06

Approved By: *(Print name)* SHEILA WEATHERILL	Title: CEO	Phone #	
(Signature)		Date June 4/06	
Approved By: *(Print name)*	Title:	Phone #	
(Signature)		Date	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPENSE CLAIM DETAILS APPLICANT COPY

Date	Particulars	Accomm. $	Meal $	Registration $	Transportation $	Other $	Mileage km
MAY 1/08	Parking				6.00		
MAY 26/08	Parking -				3.00		
May 13 08	Parking - F				1.00		
May 6/08	Ink					12.60	
May 7/08	Parking				3.00		
May 9/08	"				1.00		
May 8/08	"				15.00		
May 9/08	"				5.00		
May 15/08	" - LSA				6.00		
May 16/08	"				5.00		
May 22/08	Parking				6.00		
May 23/08	" - AHW.				4.00		
May 24/08	Parking				8.00		
May 26/08	Parking				5.00		
May 30/08	Parking - meter				3.00		
					2.00		
	Total km						
	@						$0.38 (except where collective agreement specifies otherwise)

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)
   - Lunch $10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From June 1, 2005, reimbursement at the rate of $0.38 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.35 for each kilometer there after. Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy. If union contract rates differs from $0.38 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 66879
05/01/08 15:35 L# 2 A# 12 Txn#217516
05/01/08 14:04 In 05/01/08 15:35 Out
Tkt# 391192

Regular Rate	$	5.71
Total Tax	$	0.29
Total Fee	$	6.00
CASH PAID	$	6.00-
Cash Tender	$	20.00
Change Due	$	14.00

THANK YOU
COME AGAIN

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 67164
05/02/08 21:21 L# 2 A# 29 Txn#218138
05/02/08 18:00 In 05/02/08 21:21 Out
Tkt# 391873

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	5.00
Change Due	$	2.00

THANK YOU
COME AGAIN

APPLICANT COPY

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119326270 RT0001

Rcpt# 67169
05/03/08 10:54 L# 2 AM 36 Txn#218349
05/03/08 08:02 In 05/03/08 10:54 Out
Tkt# 392233

Regular Rate	$	0.95
Total Tax	$	0.05
Total Fee	$	1.00
CASH PAID	$	1.00-
Cash Tender	$	1.00
Change Due	$	0.00

THANK YOU
COME AGAIN

APPLICANT COPY

PREMIER JEWELLERS
346 Southgate Centre
Edmonton, AB 780-430-0730

5/06/08 Bill of Sale 1:24PM

Allaudin Merali T6H 1Y7
Employee: KLH Kendal Bill#: 115750

Item	Qty	Price	Total
12589 MONTBLANC Black Ink Bottle	1	12.00	12.00

Quantity 1

Gross	12.00
Discount	0.00
Subtotal	12.00
G.S.T. (133220939RT)	0.60
Net Sale	12.60

--Paid by--
Visa 12.60

Merchandise must be returned within
14 days for exchange or credit note.

Thanks for sh[illegible]ier Jewellers

Parking

May 7

- Faculty Club - meter parking 3.00

- Evening - ML event 1.00

May 9 - B'Fast Hotel Farm 15.00

THE CITY OF Edmonton

LIBRARY PARKADE **No. 5873**

OFFICIAL RECEIPT

G.S.T. # 119326270 RT0001

Date: May 8/08

Received the sum of $ 5.00 for Daily Parking

Attendant: Bill

751 8058

Thank you for your patronage



THE Fairmont
HOTEL MACDONALD

PLEASE PRESENT THIS TICKET
TO CLAIM YOUR VEHICLE

6750

RELEASE AND LEGAL WAIVER
THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY.

The Guest by accepting this receipt agrees that their vehicle is driven and stored subject to the conditions printed below:
THE FAIRMONT HOTEL MACDONALD shall not be responsible for the loss or damage to the vehicle, its appurtenances, or any articles which may be in or about the vehicle, while parked or while being driven by an employee or agent of THE FAIRMONT HOTEL MACDONALD, with the knowledge and consent of the owner.

PLEASE DIAL '0' FOR VALET PARKING 20 MINUTES IN ADVANCE WHEN YOU WISH TO HAVE YOUR VEHICLE PICKED UP.

APPLICANT COPY

IMPARK LOT #101
TELUS PLAZA PARKADE
GST #887731 5638 RT0006

05-12-2008 MON #1
05-12-2008 01CL6648
1 1/2 HOUR 6.00
CASH 6.00

ITEM 1
1CL 6649 13:11TM

CANADA PLACE PARKADE
OPERATED BY IMPERIAL PARKING
FOR THE CITY OF EDMONTON

Rcpt# 7582
05/15/08 22:16 Lt# 1 At# 49 Txn# 21315
05/15/08 17:35 In 05/15/08 22:16 Out

Regular Rate	$	4.76
Total Tax	$	0.24
Total Fee	$	5.00
CASH PAID	$	5.00-
Cash Tender	$	5.00
Change Due	$	0.00

THANK YOU
WE APPRECIATE YOUR BUSINESS
COME AGAIN

IMPARK LOT #1101
TELUS PLAZA PARKADE
GST #887731 5638 RT0006

05-16-2008 FRI #1
05-16-2008 01CL7188
1 1/2 HOUR 6.00
CASH 6.00

ITEM 1
1CL 7102 08:49TM

IMPARK LOT # 160
HHS CENTRE PARKADE
GST #898731 5638 RT0006

05-22-2008 THU 09

1 HOUR 4.00
CASH 4.00

ITEM 1
1CL 7394 13:27TH

IMPARK LOT #101
TELUS PLAZA PARKADE
GST #R89731 5438 RT0006

05-23-2008 FRI #1
05-23-2008 0101.7814
2 HOUR 0.00
CASH 8.00

ITEM 1
1CL 7814 16:23TM

Mtg - Anew.

May 24

Lunch Hotel Mac

Parking - cash $5

CITY OF EDMONTON
LIBRARY PARKADE
GST # 119328270 RT0001

Rcpt# 70296
05/26/08 20:32 LG 2 A# 41 Tx#228114
05/26/08 18:11 In 05/26/08 20:32 Out
Tkt# 404551

Regular Rate	$	2.86
Total Tax	$	0.14
Total Fee	$	3.00
CASH PAID	$	3.00-
Cash Tender	$	5.00
Change Due	$	2.00

THANK YOU
COME AGAIN

May 30

lunch – mets party 2.00

APPLICANT COPY

Attachment # 2

(2)

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC. VP & CFO	**Department:** FINANCE & ADMIN	
Business Phone:	**Period From:** June 1/08	**to** June 30/08

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62314000			436.88	☐
201	9000	71115000006	69600000			742.57	☐
							☐
						1,179.45 ✓	☐
			- flight page (Montreal)			1,356.00	☐
							☐
Less Cash Advance							☐
Total						-176.55	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:	**Date:**

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
June 4/06	University - MK Away					472.28	
5/06	University - BH					270.29	
June 5/06	Hotel - EPIC - Meals	*396.88					
June 6/06	University		40.00				
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals		396.88	40.00			742.57	

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department: FINANCE & ADMIN.	
Business Phone: 407-3652	Period From: JUNE 1/08 to JULY 15/08	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
			SUMMARY PAGE - (Pre attached)				☐
							☐
			TOTAL CLAIM FORM # 1			$137.10	☐
			TOTAL CLAIM FORM # 2			-$176.55	☐
							☐
							☐
Less Cash Advance							☐
Total			AMOUNT OWING TO CH			$39.45	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	**Date:** July 17/08

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* Rudy	**Title:** Sr. Financial Officer	**Phone #**
(Signature)		**Date** July 17/08
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals							

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)
   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

113

s.17(1), 17(4)(g)(i)

DATE 17 July 2008
D D M M Y Y Y Y

PAY TO THE ORDER OF Capital Health

$ 39-45

Thirty nine 45/100 DOLLARS

Security features included. Details on back.

CIBC

CANADIAN IMPERIAL BANK OF COMMERCE
OLIVER SQUARE
11504 - 104TH AVE.
EDMONTON, AB T5K 2S5

MEMO

⑈113⑈ ⑆05059⑆010⑆

s.17(1), 17(4)(e.1)

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position: EXEC. VP & CFO	Department:	
Business Phone: 407-3652	Period From: June 1/06 to July 15 2/06	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000			$10.30	☐
201	9000	71115000006	62310000			$107.00	☐
201	9000	71115000006	61020005			$19.80	☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$137.10	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature:	**Date:**

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* SI	**Title:**	**Phone #**
(Signature)		**Date**
Approved By: *(Print name)*	**Title:**	**Phone #**
(Signature)		**Date**

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
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- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
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- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
June 3/08	Parking					5.00	
10,11/08	Cab - Madison					$20.00	
	Snacks " "		$8.00				
14/08	Beverage		2.30				
16/08	Parking					7.00	
17/08	Parking					3.00	
13/08	Parking					20.00	
19/08	Parking - meter					9.00	
24/08	Parking - Hotel Mac					15.00	
29/08	Phone Call					19.80	
25/08	Parking					5.00	
24/08	Parking					15.00	
July 7/08	Parking					3.00	
8/08	Parking					3.00	
11/08	Parking					2.00	
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals			10.30		$126.80		

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	**Employee Number:**	**Union Name:**
Position: EXEC. VP & CFO	**Department:**	
Business Phone: 780-407-3652	**Period From:**	**to** Aug. 4/08

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62314000	(OUT OF PROV TRAVEL)		$ 645.53	☐
201	9000	71115000006	62312000	(PROV TRAVEL)		$ 696.80	☐
201	9000	71115000006	62310000	(LOCAL TRAVEL)		2.00	☐
201	9000	71115000006	69600000	(CATERING)		273.83	☐
201	9000	71115000006	69500000	(MISCELLA CAR EXP)		500.00	☐
							☐
Less Cash Advance							☐
Total						$ 2,118.16	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: Allaudin Merali **Date:** Aug 6/08

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* KAY BEST	**Title:** INTERIM CFO	**Phone #**	
(Signature) ALBERTA HEALTH SERVICES		**Date**	
Approved By: *(Print name)* Barb Hambly for K. Best	**Title:**	**Phone #** 943-1474	
(Signature) Barb Hambly for K. Best		**Date** Aug. 11/08	

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- **Local Travel – Staff - 62410000**
- **Staff Local Travel – Taxi – 62410001**
- **Staff Travel – UNA – 62410002**
- **Staff Provincial Travel – 62412000 (all expenses)**
- **Staff Out of Province Travel – 62414000 (all expenses)**
- **Catering – 69600000**
- **Meals - 62410000**
- **Mileage – 62410000**
- **Course Registration & Materials – 61030000**

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
June 16/08	ORACLE SITE	$515.53					
	VISIT - CRESTWOOD						
	CITY, CA.						
July 9/08	MTGS - CALGARY CAB				$120.00		
July 14/08	CAB CALGARY				$140.00		
July 15/08	CALGARY MTG. (CANCELLED) TICKET CHANGE				$100.00		
July 16/08	TICKET CALGARY (MTG CANCELLED - TICKET CREDITED)				$336.80		
July 18/08	DINNER MTG.					202.04	
July 28/08	AIRPORT x 2 (return)				130.00		
July 31/08	PARKING cab					2.00	
Aug 4/08	CAR EXPENSES					500.00	
Aug 4/08	LUNCH MTG (CARDIOLOGY)					71.79	
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals		$515.53			$896.80	$775.83	

EXPENSE LIMITS

1. **Meal Allowances**

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast	$10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
Lunch	$15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner	$25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**

Travel advance may be requested provided travel expenses are likely to exceed $500.

INVNO30925FORZCH0026826C.txt

MARLIN TRAVEL
O-O 101017690
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: CAPITAL HEALTH
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

LOCATOR : QZ2BFS
OUR REF : ZCH0026826C
AGENT : KAREN GONZALEZ

I N V O I C E
*** D U P L I C A T E ***

INV NO: 30925
DATE: 31JUL08
PAGE: 1

FOR: MR ALLAUDIN MERALI
AC 115735615
BA 16488100

- - - - - - - - - - - - - - - - I T I N E R A R Y - - - - - - - - - - - - - - - - - -

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8139 B	GK	15JUL	10:00A	10:54A		2PC
		D8 (300 SERIE							
	AIR CANADA J								
	AIRCANADA CONFIRMATION NBI6CV								
	AIRCANADA TICKET 0142160333669								
CALGARY	EDMONTON INTL	AIR CANADA	8150 B	GK	15JUL	3:30P	4:20P		2PC
		D8 (300 SERIE							
	AIR CANADA J								
	AIRCANADA CONFIRMATION NBI6CV								
	AIRCANADA TICKET 0142160333669								

- - - - - - - - - - - - - - - - - - C O S T - - - - - - - - - - - - - - - - - - -

AIR CANADA	TKT NO ACO	2160333669	(INCL 44.80	TAX)	336.80
				GST/HST	0.00
*** SUB-TOTAL EXCLUDING GST/HST & APT				336.80	
*** TOTAL GST/HST				0.00	
*** TOTAL CHARGES THIS INVOICE ***					336.80
PAYMENT BY CA**********3878		TKT	2160333669		336.80
*** BALANCE DUE THIS INVOICE ****					0.00
BALANCE DUE TO DATE					0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

CONTINUED ON NEXT PAGE

MARLIN TRAVEL
O-O 101017690
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: CAPITAL HEALTH
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

LOCATOR : QZ2BFS
OUR REF : ZCH0026826C
AGENT : KAREN GONZALEZ

INVNO30925FORZCH0026826C.txt

I N V O I C E
*** D U P L I C A T E ***

INV NO: 30925
DATE: 31JUL08
PAGE: 2

OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

APPLICANT COPY

ticket change

Corrigan, Trudy

From: Gonzalez, Karen [karen.gonzalez@marlintravel.ca]
Sent: Monday, July 14, 2008 2:25 PM
To: Corrigan, Trudy
Subject: Mr Allaudin Merali - Booking confirmation

Hi Trudy,

Here is Allaudin's new ticket for Wednesday. $ 100.00

New Ticket-16th of July

Thanks
Karen

****** PLEASE DO NOT REPLY TO THIS E-MAIL ******

Itinerary/Receipt

Learn what you can do with this barcode

Your booking is confirmed.
Please print this itinerary/receipt for your reference.
Thank you for choosing Air Canada and we look forward to welcoming you on board.

Booking Date: **Jul 14, 2008** Passengers: **Mr Allaudin Merali**
Agent Name: **kare**
Agent ID: 6087935

Reduce your carbon footprint!
You can now take the initiative to directly offset the carbon emissions of your flight. Air Canada and Zerofootprint have partnered to allow you to make a difference for the environment.
Offset now | Learn more

Booking Information

Booking Reference: NBI6CV

Electronic Ticketing confirmed. This is your official itinerary/receipt.
Main Contact:
Marlin Travel
karen.gonzalez@marlintravel.ca
1-780-4258611

Customer Care

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

APPLICANT COPY

Online Services

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.

Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal *
AC8139*	**Edmonton, Edmonton Int'l (YEG)** Wed 16-Jul 2008 10:00	**Calgary (YYC)** Wed 16-Jul 2008 10:54	0	0hr54	DH3	Tango Plus	
AC8150*	**Calgary (YYC)** Wed 16-Jul 2008 15:30	**Edmonton, Edmonton Int'l (YEG)** Wed 16-Jul 2008 16:20	0	0hr50	DH3	Tango Plus	

*Operated by Air Canada Jazz

Passenger Information

Passenger 1: Adult

Name:	**Mr Allaudin Merali**	Frequent Flyer Pgm :	**Air Canada - Aeroplan**
Ticket Number:	**0142160436435**	Program Number:	s.17(1), 17(4)(g)(i)
Meal Preference:	**Regular**	Special Needs:	**None**
Sport equipment(s):	**None**		
Seat Selection:	AC8139 **2C** , AC8150 **2D**		
Credit Card:	**xxxx-xxxx-xxxx-3878**		

Additional charges and/or refund summary

	Additional charges
Airfare (includes Surcharges)	**0.00**
Taxes, Fees and Charges	
Number Of Passengers	1
Total Additional Fare	**0.00**
Extra Charges (Change Fee)	
Change Fee	100.00
Number Of Passengers	**1**
Grand Total - Canadian dollars	**$100.00**

The following charges (tax inclusive) will appear on your credit card statement:

Air Canada: $100.00 (Change Fee per ticket)

Ticket number(s): 0142160436435

Important Information

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within

APPLICANT COPY

24 hours of receipt of this itinerary/receipt.

Before You Go: A 'To-Do' List

Travel Documents
Air Canada, in accordance with government regulations, will be checking photo IDs at the departure gate for all passengers who appear to be over 12 years of age for travel within Canada. The name on the ID must match the name used on your itinerary/receipt. If you are travelling to a foreign country, it is your obligation to obtain all necessary travel documents such as a passport or visa, as directed by embassies and consulates. **All passengers including Canadian and U.S. citizens are required to present a valid passport when traveling by air between Canada and the United States.** In addition, you must present your itinerary/receipt to immigration authorities, if requested. Learn more

Carry-On Baggage Policy
Oversized carry-on bags are not permitted on our aircraft, and may cause flight delays for all passengers. Please ensure your carry-on bags are inside the maximum allowed size as indicated below; **they are required to fit in the double-size verification device** at check-in or boarding time.

Items which fall within the 2-piece carry on allowance include: One (1) carry-on bag or suitcase (wheels and handles includes in the size) and one (1) personal article like a briefcase, laptop computer, diaper bag, camera case, cartons or other similar item. Learn more about Carry-On Baggage restrictions.

	Maximum Size	Maximum Weight
1 standard article	23cm x 40cm x 55cm 9" x 15.5" x 21.5"	10 kg 22 lbs
1 personal article	16cm x 33cm x 43cm 6" x 13" x 17"	10 kg 22 lbs

Checked Baggage Policy

Ensure your checked bags are properly identified. Please do not pack valuables in your checked baggage. The baggage allowance rules stated herein do not apply to passengers who have specifically declined the checked baggage option. Learn more about Checked Baggage restrictions.

	Maximum overall measurement (Length + Width + Height)	Maximum Weight	
Economy Class 1 or 2 bag(s) (view complete baggage allowance)	158cm 62"	23 kg 50 lbs	Bags weighing between 24kg - 32kg (51 lbs - 70 lbs) will be subject to excess fees payable at the airport.
Executive Class **Executive First** Up to 3 bags	158cm 62"	23 kg 50 lbs	Total weight of the three bags must not exceed 69kg (150lbs).

Note:

- Checked baggage above 32 kg (70 lbs) will not be accepted.
- Baggage allowances, including those for children, may vary on Star Alliance partners for connecting or return flights, or for travel within Europe, Africa or Australia. Please contact the Star Alliance partner for further information.

Flight Confirmation
Although reconfirmation of flights is not required, we strongly recommend that you check your flight status online at aircanada.com or by calling our flight information system at 1-888-422-7533 prior to your departure.

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Schedule Change
If a schedule change occurs more than 48 hours prior to departure, the main contact will be notified by email. If a schedule change occurs within 48 hours of departure, the main contact will be notified by phone.

Travel Insurance
Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance offered by Air Canada and underwritten by RBC Travel Insurance Company by calling 1-866-610-7102. Enjoy your trip knowing you are properly protected.

Travel insurance purchased is solely and directly offered, provided and underwritten by RBC Travel Insurance Company ("RBC"). Air Canada expressly disclaims any responsibility in regard to any travel insurance purchased by the customer from RBC Insurance.

Check-in and Boarding Times

- You must obtain your boarding pass and check in any baggage by the check-in cut-off time shown below. We recommend allowing plenty of time at the airport for check-in, especially if you have baggage and for security checks.
- You must also be available for boarding at the boarding gate by the cut-off time shown below. Failure to meet the boarding gate cut-off time may result in the loss of your assigned seat, the cancellation of your reservation, and your ineligibility for denied boarding compensation.

	Check-in		Boarding Gate
	Recommended	Cut-off time	Cut-off time
Within Canada	60 min.	30 min.	20 min.
To/from USA	90 min.	60 min.	20 min.
To/From international	120 min.	60 min.	30 min.
Exceptions:			
From Beijing and Shanghai	150 min.	60 min.	30 min.
From Delhi	210 min.	60 min.	30 min.
From Tel Aviv	180 min.	60 min.	30 min.

Information and Services
Visit our Information and Services section at aircanada.com to find all the information you'll need to plan your trip. Learn more about travel documents, baggage information, health tips, Maple Leaf™ Lounges and a preview of onboard meals and entertainment.

Carriage of pets
Please read important information regarding carriage of pets in the Travelling with your Pet section.

Reduce your carbon footprint!
You can now take the initiative to directly offset the carbon emissions of your flight. Air Canada and Zerofootprint have partnered to allow you to make a difference for the environment.
Offset now | Learn more

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Diner

Diner Hosting - CH / GOA

NORMAND'S FINE REGINAL
CUISINE
11639 A JASPER AVENUE
EDMONTON AB T5K 0M9
MER # 7630760656
TERM # 76065601
CLERK:109 B:002
AUTH#:004549
TRANS#:0000023 S

CARD **********3878
CREDIT/MASTER CARD
DATE 2008/07/16
TIME 19:38:10
RECPT 76065601-002-0023

PURCHASE
AMOUNT $172.04
TIP $30.00
TOTAL $202.04

TRANSACTION
APPROVED - 0000
THANK YOU
CUSTOMER COPY

NORMANDS FINE REGIONAL CUISINE
GST#R123163602

9 LYLE

TBL 14/1 CHK 168 GST 0
JUL16'08 05:10PM

1	ZENATO	58.00
2	*DINNER SPECIAL*	71.90
1	*FISH SPECIAL*	28.95
2	COFFEE	5.00
	SUBTOTAL	163.85
	G.S.T.	8.19
	TOTAL DUE	172.04

*** MUSSEL MONDAYS 4 STYLES ***
4 POTS 4 SAUCES 21.95

PLEASE PAY SERVER
WWW.NORMANDS.COM

APPLICANT COPY

Airport - To & Return (2 trips)

s.17(1), 17(4)(e.1)

CHARGE TO: ACCOUNT NO.

01 11/10
ALLAUDIN NERALI

YELLOW CAB (780) 462-3456
PRESTIGE (780) 462-4444
ADMINISTRATION (780) 465-8500

AUTH. NO.	DRIVER	UNIT NO.
		X07

TIME	DAY	MO.	YR.
	04	02	08

G.S.T.#

FROM Southside / HAP

TO I.H.B. Kostinski

PRINT NAME

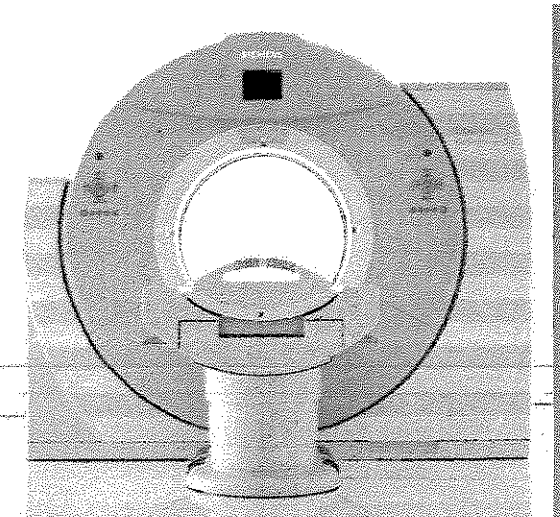
CUSTOMER'S SIGNATURE X

2565037

	FARE	110	00
	INTL		
	GRATUITY		
	TOTAL	130	00

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY





SPEEDY GLASS #8071
3418 - 99TH STREET
EDMONTON AB

CARD **********3878
CARD TYPE MASTERCARD
DATE 2008/08/01
TIME 0033 16:34:39
INVOICE # 47888
RECEIPT NUMBER
S30670206-001-334-009-0

PURCHASE
TOTAL-CAD

$500.00

APPROVED

AUTH# 007619 01-027
THANK YOU

CARDHOLDER COPY

SPEEDY GLASS
Auto, Residential & Commercial

APPLICANT COPY

1-888-SPEEDY8
(1-888-773-3398)
www.speedyglass.ca

Invoice

SPEEDY (EDMONTON) 8071
3418 99TH STREET
EDMONTON, ALBERTA AB T6E 5X5
(780)465-0324

8071-478881
Date: 08/01/2008
Page: 1 C01
GST/HST#: 868996844RT

Fax:(780)465-0325

PST/TVP#: EXEMPT

Bill-To:

MERALI ALLAUDIN

-MOBILE-

s.17(1), 17(4)(g)(i)

Insurance Co.:
SECURITY NATIONAL INS / BELRON QC

(The "Customer")

Car expenses
Paid by CH
(multiple to King Beat)

Account:80185030000

Policy: 12487310
Claim:

Vehicle: 2006 MERCEDES BENZ ML500 4 DOOR
Loss Date: 2008/07/25

CSR: 05041
Installer: 04926
V.I.N.: 4JGBB75E76A089518
License Plate: s.17(1), 17(4)(g)(i)
Mileage: 56710

Authorized: 2008/08/01
Work Order #: 67010801103450
Scheduled Date: 2008/08/01
Report Date: 2008/07/31
Cause of Loss: STONE HIT WINDOW

Brk-Detail: CRACKED
Brk-Location: ACUTE
Confirmed: FAX/AGENT

Products & Services		Qty	Labour	Material
FWDEALER	FOREIGN WINDSHIELD	1.00	125.00	577.00
F04266	URETH.SIKATACK MOVE GOES COOL	1.00		63.00

Notes: BOUGHT WINDSHIELD AT WEBER MOTORS
PART NUMBER164-670-04-01

Minimum Drive Away Time (for installations involving adhesives): the adhesive that is used to attach the vehicle glass takes time to set. The vehicle should not be driven until at least one (1) hour after the installation is completed unless documentation left in your vehicle states that a different minimum drive away time applies. If the vehicle is driven before the minimum drive away time, the adhesive might not retain the glass sufficiently, which could cause an accident and/or, if the vehicle is involved in a collision, could increase the risk of injury.

IT WAS A PLEASURE TO SERVE YOU!
DID YOU KNOW? WIPER BLADES SHOULD BE REPLACED EVERY 6 MONTHS.

Windshield Installation For as long as you own the vehicle, the installation is warranted against leaks and against windshield manufacturing defects. (See reverse for details of warranty.)

MASTER CARD 500.00

	NON INSURED	INSURED	TOTAL
Material:	0.00	640.00	
Labour:	0.00	125.00	
GST/HST:	0.00	38.25	
PST:	0.00		
Total:	0.00	803.25	
Deductible:	500.00	-500.00	
:			803.25
PAYABLE BY INSURER*:		303.25	
TOTAL PAYABLE BY CUSTOMER:	500.00		
Payments:	-500.00		
Balance:	0.00		

I have read the sale conditions and warranties on the back of present invoice. I accept them and recognize being bounded by

Customer Signature: _____ Date: _____

CH

* (under conditions set on back of invoice)

Division of/de Belron Canada Inc.

APPLICANT COPY

SOFITEL
ACCOR HOTELS & RESORTS

San Francisco Bay
223 Twin Dolphin Drive, Redwood City, CA 94065
Telephone 650-598-9000 Facsimile 650-598-9383

Allaudin Merali
8440 - 112 Street,
Edmonton, AB T6G 2B7
CA

Arrival 06/14/08
Departure 06/16/08
Guest Name:

Room: 729
Cashier:7
Page: 1
Time: 07:52:04
Conf #: 479272

Hotel Sofitel, San Francisco, 06/16/08

Invoice NO. 282618

Date	Description	DEBIT	CREDIT
06/14	Market - Bev #729 : CHECK #7149	8.75	
06/14	San Francisco Room	160.00	
06/14	Room Tax *San Francisco Room	16.00	
06/14	County Tourism Assessmen	1.00	
06/14	State sales tax #729 : CHECK #7149	0.72	
06/14	State sales tax #729 : CHECK #7149	9.03	
06/14	State sales tax #729 : CHECK #7149	-8.03	
06/15	Bay 223 Breakfast #729 : CHECK #9708	41.95	
06/15	San Francisco Room	235.00	
06/15	Room Tax *San Francisco Room	23.50	
06/15	County Tourism Assessmen	1.00	
06/15	State sales tax #729 : CHECK #9708	3.05	
06/16	Visa XXXXXXXXXXXX9755 10/10		491.97

Balance: $0

exchange 1.047889

charged on personal card $515.52

Oracle visit

APPLICANT COPY

dinner

lunch meeting

RAH docs

THAT'S AROMA
11818-101 STREET
EDMONTON AB

STORE 9866275 TERM A9866275
EMPL 09 SLIP # 7601
** M/C ** PURCHASE P/A #
AMOUNT $61.79

TIP/POURBOIRE $ 10.00

TOTAL $ 71.79

s.17(1), 17(4)(e.1)

AUTH /01/08 12:46 1110
04)0010010012 007156 001 APPROVED

SIGNATURE X

COME IN AND JOIN US ON MONDAY
FOR OUR HALF PRICE PASTA
IN THE EVENING

9 BETH

TBL 51/1 CHK 324 GST 3
AUG01'08 11:58AM

1	VEAL LIMONE	23.00
1	MUSHROOM SALAD	11.00
1	SHRIMP CAPELLINI	16.00
2	PEPSI	5.90
1	S.PELLE-250 ML	2.95
	SUBTOTAL	58.85
	G.S.T.	2.94
	TOTAL DUE	61.79

****
THANK - YOU FOR COMING
TO THAT'S AROMA
PLEASE PAY SERVER
GST-125245001
****

APPLICANT COPY

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE: 31/07 EXPIRATION TIME: 02:00 PM

AMOUNT PAID: $ 2.00 19740000 LOTV 11:54 AM

UNIVERSITY OF ALBERTA 827881

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED: 31/07/08 TIME ISSUED: 11:54 AM AMOUNT PAID: $ 2.00

CREDIT CARD NUMBER

UNIVERSITY OF ALBERTA 827881

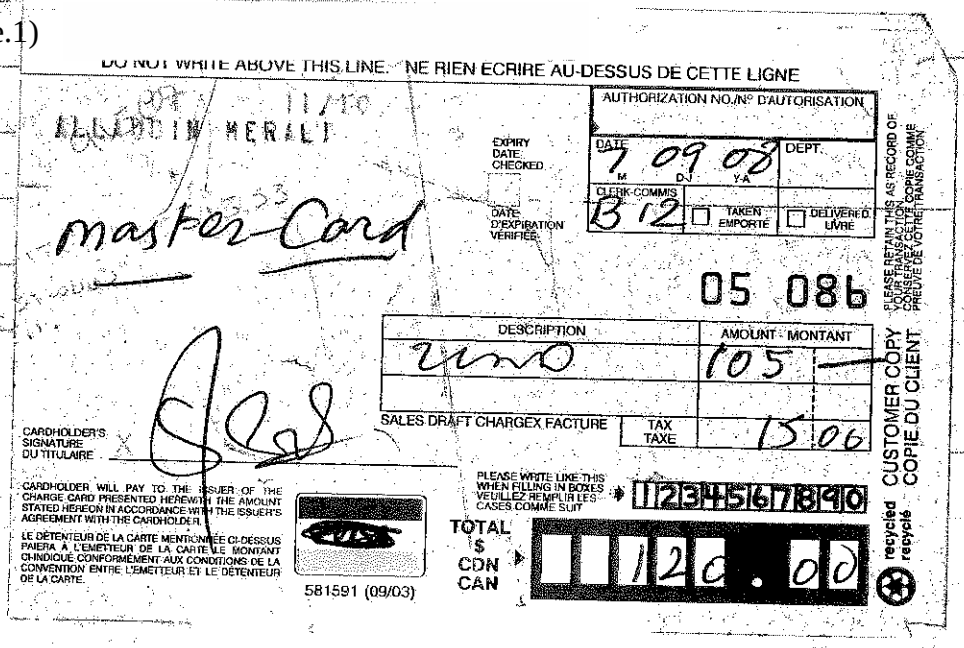
RECEIPT *GST # R108102831*

Cash

APPLICANT COPY

From - Telus to Restaurant Meeting
- from Rest Meeting to Calgary Airport

s.17(1), 17(4)(e.1)


DO NOT WRITE ABOVE THIS LINE. NE RIEN ECRIRE AU-DESSUS DE CETTE LIGNE

ALBERTA MERALT

master Card

EXPIRY DATE CHECKED
DATE D'EXPIRATION VÉRIFIÉE

AUTHORIZATION NO./Nº D'AUTORISATION

DATE 7 09 08 (M D J Y A) DEPT.

CLERK-COMMIS B12 ☐ TAKEN EMPORTÉ ☐ DELIVERED LIVRÉ

05 08b

DESCRIPTION	AMOUNT - MONTANT
Lunch	105
SALES DRAFT CHARGEX FACTURE — TAX TAXE	15 06

CARDHOLDER'S SIGNATURE
DU TITULAIRE

CARDHOLDER WILL PAY TO THE ISSUER OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREON IN ACCORDANCE WITH THE ISSUER'S AGREEMENT WITH THE CARDHOLDER.

LE DÉTENTEUR DE LA CARTE MENTIONNÉE CI-DESSUS PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-INDIQUÉ CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

581591 (09/03)

PLEASE WRITE LIKE THIS WHEN FILLING IN BOXES → 1 2 3 4 5 6 7 8 9 0
VEUILLEZ REMPLIR LES CASES COMME SUIT

TOTAL $ CDN CAN → 120.00

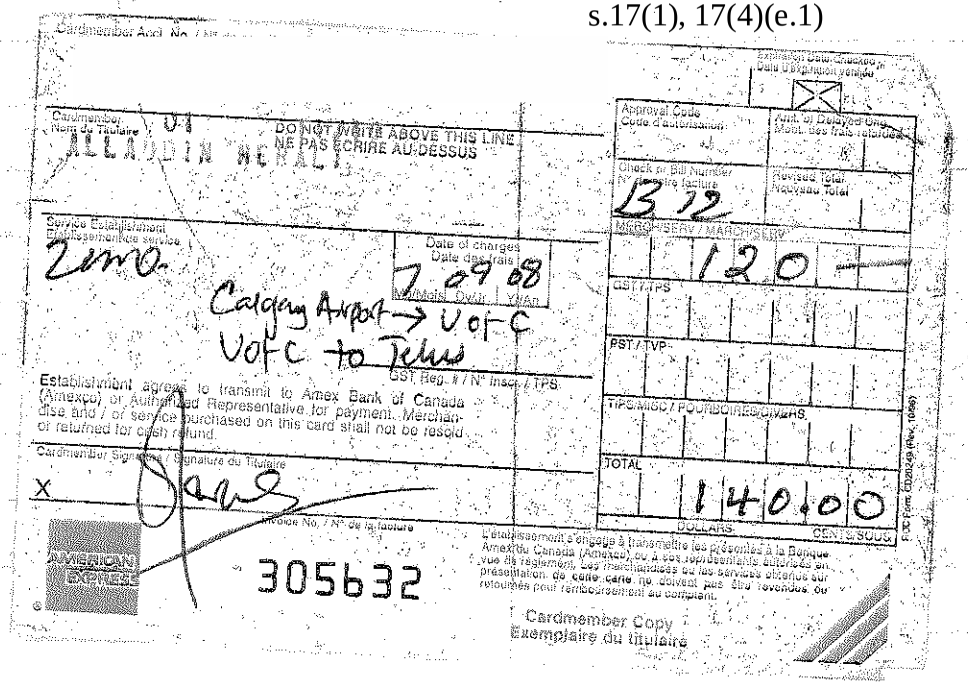
PLEASE RETAIN THIS AS RECORD OF YOUR TRANSACTION
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

CUSTOMER COPY
COPIE DU CLIENT

recycled recyclé

APPLICANT COPY

s.17(1), 17(4)(e.1)



- pd with July/08 billing

- will deduct from red slip

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:		Union Name:
Position:		Department: FINANCE + ADMIN	
Business Phone: 407-3652	Period From:	to AUG/08	

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ If GST included
201	9000	71115000006	69600000			$204.67	☐
							☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$204.67	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A. Courage for A. Merali	Date: Aug. 27/08

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* COLLEEN PURDY	Title: ACTING CFO		Phone # 407-3652
(Signature)			Date
Approved By: *(Print name)* KAY BOST	Title: INTERIM CFO, AHS		Phone # 403-943-1140
(Signature)			Date Sept. 4, 2008

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Aug 2/06	Dinner Mtg - M. Weiss					$204.67	
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals						$204.67	

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

APPLICANT COPY

Attachment # 2

Capital Health
EDMONTON AREA

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Scanned Aug 29/06

s.17(1), 17(4)(g)(i)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:
Position:	Department: FINANCE + ADMIN	
Business Phone: 407-3652	Period From:	to Aug/06

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	69600000			$204.67	☐
							☐
							☐
							☐
							☐
							☐
Less Cash Advance							☐
Total						$204.67	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: D. Conniga for A. Merali	Date: Aug. 27/06

I hereby certify that I have reviewed the expenses and rate at which mileage is being claimed.

Approved By: *(Print name)* COLLEEN PURDY	Title: ACTING CFO		Phone # 407-3652
(Signature)			Date
Approved By: *(Print name)* KAY BEST	Title: INTERIM CFO, AHS		Phone #
(Signature)			Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- Fully completed Travel & Employee Expense Claim forms received in Accounting Services by **Thursday, 4:00 p.m.** will be processed the following week.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See page 2 of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 – 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses require a Travel Approval Form (CH 198) in advance authorized by a COO or VP

APPLICANT COPY

EXPENSE CLAIM DETAILS

Recommended Coding

- Local Travel – Staff - 62410000
- Staff Local Travel – Taxi – 62410001
- Staff Travel – UNA – 62410002
- Staff Provincial Travel – 62412000 (all expenses)
- Staff Out of Province Travel – 62414000 (all expenses)
- Catering – 69600000
- Meals - 62410000
- Mileage – 62410000
- Course Registration & Materials – 61030000

Date	Particulars (Describe Purpose of Trip & Location)	Accomm. $	Meals	Course Registration & Materials	Transportation $	Other	Mileage km
Aug 21/08	Dinner Mtg - M. Weins					$204.67	
						Total km	
						Rate as outlined in Section 2 – Travel below @	
Totals						$204.67	

EXPENSE LIMITS

1. **Meal Allowances**
   When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:
   - Breakfast $10.00 (if the departure time is earlier or the return time is later than 7:30 a.m.)
   - Lunch $15.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
   - Dinner $25.00 (if the departure time is earlier or the return time is later than 6:30 p.m.)

   For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.
   Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.
2. **Travel**
   - Use of personal automobile – From March 1, 2006, reimbursement at the general rate of $0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and $0.40 for each kilometer there after (except where collective agreement specifies otherwise).
   - Business car insurance is reimbursable up to $260 per year with receipts in accordance with Capital Health Policy.
   - Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
     1. Monthly travel in excess of 340 kilometers; or
     2. Monthly expense equivalent to four (4) return cab fares at $20 one way; or
     3. Daily requirements to utilize personal vehicle in the course of duties – reimbursed at $0.50 per kilometer.
   - If union contract rate differs from $0.43 then contract rate must be used.
   - Includes all forms of transportation costs, including taxis and buses for local travel.
   - Driving to and from work is not considered business travel and cannot be claimed.
3. **Advance**
   Travel advance may be requested provided travel expenses are likely to exceed $500.

NORMAND'S FINE REGINAL
CUISINE
11639 A JASPER AVENUE
EDMONTON AB T5K 0M9
MER # 7630760656
TERM # 76065601
CLERK:109 B:036
AUTH#:006089
TRANS#:0000682 S

CARD **********3878
CREDIT/MASTER CARD
DATE 2008/08/21
TIME 21:12:51
RECPT 76065601-036-0682

PURCHASE
AMOUNT $174.67
TIP $30.00
TOTAL $204.67

TRANSACTION
APPROVED - 0000
THANK YOU

NORMANDS FINE REGIONAL CUISINE
GST#R122163302

Y LYLE

TBL 11/1 CHK 265 GST 0
AUG21'08 05:19PM

1 CORKAGE	05.00
1 SHRIMP/SCALLOP	13.95
1 SALAD STARTER	6.50
1 *GAME SPECIAL*	35.95
1 *FISH SPECIAL*	28.95
1 OLS SHEEP SHIRAZ	45.00
2 COFFEE	5.00
2 BANANAS	15.00
SUBTOTAL	166.35
G.S.T.	8.32
TOTAL DUE	174.67

*** MUSSEL MONDAYS 4 STYLES ***
4 POTS 4 SNIFTS 21.95

PLEASE PAY SERVER
WWW.NORMANDS.COM

APPLICANT COPY

Capital Health

Travel & Employee Expense Claim Form

(In Canadian Dollars)

Name: ALLAUDIN MERALI	Employee Number:	Union Name:	
Position: FINANCE + ADMIN	Department:		
Business Phone: 407-3652	Period From: 2007 to 2008		

Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form

Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian $ (including GST)	✓ if GST included
201	9000	71115000006	62310000			$5,296.65	☐
		(Car expenses as per					☐
			attached)				☐
		6% = 822.64					☐
		7% = 1109.84				61	☐
		NTax = 3354.13				$286.5	☐
Less Cash Advance							☐
Total						$5,296.65	☐

The information on this form is collected under section 4 of the Regional Health Authorities (Ministerial) Regulation and will be used to process your claim.

I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.

Employee Signature: A Merali	Date: May 22/08.

Approved By: *(Print name)* SHEILA WEATHERILL	Title: CEO	Phone #
(Signature) SWeatherill		Date May 23/08
Approved By: *(Print name)*	Title:	Phone #
(Signature)		Date

NOTE:

- **Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over $1,000 require Level 4 approval.**
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower - 10th Fl., 10030 - 107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

Car Allowance
Alaudin Merali
April 1/06-June 23/06

Date	Service	Amount (GST Included)	GST
March 30/06	Gas	$56.88	$3.72
April 1/06	Gas	34.07	1.60
April 1/06	Car Wash	26.70	1.75
April 10/06	Gas	30.21	1.90
April 12/06	Vehicle Registration	55.63	
April 13/06	Gas	77.89	5.10
April 19/06	Gas	74.03	4.84
April 21/06	Car Wash	43.82	2.87
April 25/06	Gas	85.61	5.60
April 30/06	Gas	90.27	5.91
May 8/06	Gas	90.73	5.94
May 15/06	Car Wash	25.63	1.68
May 15/06	Gas	84.40	5.52
May 21/06	Gas	82.77	5.41
May 28/06	Gas	61.22	4.01
June 9/06	Gas	84.98	5.56
June 19/06	Car Wash	38.47	2.52
June 19/06	Gas	72.57	4.75
	Insurance		
June 25/06		49.59	3.24
TOTAL		**$1,115.88**	**$68.68**

1165.47 71.92

APPLICANT COPY → 6%

Prior to July 1/06 → 7%

CAR 6%

Insurance

7	6%	Apr 1/06 to Dec 06	✓ $988.50
	6%	Jan 07 " Dec 07	✓ 1,153.00
	6%	Jan 08 " Dec 08	✓ 1,157.00

3,298.50

Licence Plate

6% N/C A

Claimed already on spreadsheet → allowance

~~51.63~~

Car Services 6%

✓ 297.78
✓ 524.86

822.64

Gas 7%

- Apr 06 to June 06 (CH Card used since then)

~~1,115.88~~ W
1165.47

5,292.65

APPLICANT COPY

VEHICLE DESCRIPTION — SECTION 2

VEHICLE MAKE	YEAR	VEHICLE ACCESS CODE (VAC)
Mercedes Benz	2006	08175-0564

MODEL OR SERIES	BODY COLOR	FUEL
ML500	Silver	Gas

VEHICLE STYLE	LICENCED MASS
Utility	kg

VEHICLE IDENTIFICATION NUMBER (VIN): 4JGBB75E76A009518

UNIT NUMBER:

VEHICLE STATUS	REGULATIONS	BUS CAPACITY
active		

SPECIAL CONDITIONS:

MOTOR HOME SUPERSTRUCTURE / SECONDARY PARTS DESCRIPTION

MAKE:

MODEL OR SERIES:

SERIAL NUMBER: s.17(1), 17(4)(g)(i)

YEAR:

LICENCE PLATE NO: 3 CLASS:

EXPIRY DATE (Y/M/D): 2006/12/31

REGISTRY AGENT: 0000-04655

VALIDATED: 2006/04/12

This Certificate to be signed on the back by the registrant(s) and presented on demand of a Peace Officer

Alberta
Vehicle Registration Certificate

06012536451 VALIDATION NUMBER APPEARING ON YOUR TAB

SECTION 1

LICENCE PLATE NO.	CLASS	LICENCED MASS	VEHICLE STATUS
s.17(1), 17(4)(g)(i)	3	kg	active

EXPIRY DATE (Y/M/D)	TYPE OF OPERATION
2006/12/31	Passenger

REGISTRATION NUMBER: R159987635

IF LEASED VEHICLE, LEASING COMPANY NAME AND MVID:

NAME & ADDRESS OF REGISTRANT(S): MERALI ALLAUDIN s.17(1), 17(4)(g)(i)

TYPE: INDIVIDUAL

CLIENT's MVID: 0043-06312

ISSUED 2006/04/12

MAXIMUM SERVICE AMOUNT $*******55.63

REG 0405 Rev 2005 07

Meloche Monnex
Insurance for professionals and alumni

APPLICANT COPY

Automobile Insurance Policy

Declarations - Alberta

READ CAREFULLY

Insurer Security National Insurance Company
Calgary, Alberta

Broker Meloche Monnex Financial Services Inc.
Alberta 1 800 268 8955

Policy No. 12487310 **Replacing Policy No.**

In consideration of the payment of the premium and of the statement contained in the application for insurance, the contract provides insurance as mentioned in item 4 of this certificate for which a premium is specified and no other.

Item 1 Named insured and postal address

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

Item 2 Policy period

	Y	M	D
From	2007-12-28 *		
To	2008-12-28 *		
Effective date	2007-12-28 *		

RENEWAL

* 12:01 A.M. standard time at the insured's address stated herein as to each of said dates

Veh(s)	Item 3 Particulars of the described automobile(s) (Year - trade name - model - cyl - serial no.)	
1	2006 MERCEDES BENZ ML500 SE 4DR 4W	4JGBB75E76A009518

Item 4

Insuring Agreements	Section A Third Party Liability	Section B Accident Benefits	Section C Loss of or Damage to Insured Automobile(s)			
	Legal Liability for Bodily Injury to or Death of any Person or Damage to Property	Payments for Death or Bodily Injury Uninsured Motorist	All Perils	Collision or Upset	Comprehensive	Specified perils
			Except for Loss or Damage by Fire or Lightning or Theft of the Entire Automobile. This Policy contains a Partial Payment of Loss Clause			
VEH. NO.	Non-Responsive		Amount deductible on each separate claim			
Limits and amounts ($)	1 1					15 00
Annual premium ($)	1 1					

Veh(s) Name of lienholder or mortgagee to whom, jointly with the insured, loss if any, under section C of the insuring agreements is payable as their interests may appear.

Name of lienholder

Mortgage endorsement on reverse side

Classification: Veh. code | Terr. | Class/dr

Use of vehicle: Commute to work

Premium ($): 1,157 *

* Occasional driver - The vehicle will occasionally be driven by male driver(s) under 25 years of age.

Non-Responsive

Endorsements and modifications

Multi-product discount
Credit for 2 vehicles or more - On 2 policies - Included.
VEH.-01 Credit for antitheft - Included.
VEH.-01 Discount related to age group - Included.
SEF 43R VEH.-01 Limited waiver of depreciation
SEF 44 VEH.-01 Family Protection endorsement - Limits are same as Section A

Grand Touring Solution Endorsement

APAB201E
200101.1

Payable premium ($)

Non-Responsive

President and Chief Executive Officer

Senior Vice President, Operations and Business Developement

766

Meloche Monnex
Insurance for professionals and alumni

APPLICANT COPY

Automobile Insurance Policy

Declarations - Alberta

READ CAREFULLY

Insurer Security National Insurance Company
Calgary, Alberta

Broker Meloche Monnex Financial Services Inc.
Alberta 1 800 268 8955

Policy No.	12487310	Replacing Policy No.

In consideration of the payment of the premium and of the statement contained in the application for insurance, the contract provides insurance as mentioned in item 4 of this certificate for which a premium is specified and no other.

Item 1 Named Insured and postal address

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

Item 2 Policy period

	Y	M	D
From	2006	12	28 *
To	2007	12	28 *

RENEWAL

Effective date: 2006-12-28 *

* 12:01 A.M. standard time at the Insured's address stated herein as to each of said dates

Veh(s)	Item 3	Particulars of the described automobile(s) (Year - trade name - model - cyl - serial no.)	
1	2006	MERCEDES BENZ ML500 SE 4DR 4W	4JGBB75E76A009518

Item 4

Insuring Agreements	Section A Third Party Liability	Section B Accident Benefits	Section C Loss of or Damage to Insured Automobile(s)			
	Legal Liability for Bodily Injury to or Death of any Person or Damage to Property	Payments for Death or Bodily Injury Uninsured Motorist	All Perils	Collision or Upset	Comprehensive	Specified perils
			Except for Loss or Damage by Fire or Lightning or Theft of the Entire Automobile. This Policy contains a Partial Payment of Loss Clause			
	VEH. NO.		Amount deductible on each separate claim			
Limits and amounts ($)	1					
	1					
Annual premium ($)	1					
	1					

Non-Responsive

Veh(s) — Name of lienholder or mortgagee to whom, jointly with the insured, loss if any, under section C of the insuring agreements is payable as their interests may appear.

Name of lienholder

Mortgage endorsement on reverse side

Classification: Veh. code | Terr. | Class/dr

Use of vehicle: Commute to work

Premium ($): 1,153

* Occasional driver - The vehicle will occasionally be driven by male driver(s) under 25 years of age.

Non-Responsive

Endorsements and modifications

Multi-product discount
Credit for 2 vehicles or more - On 2 policies - Included.
VEH.-01 Credit for antitheft - Included.
VEH.-01 Discount related to age group - Included.
SEF 43R VEH.-01 Limited waiver of depreciation
SEF 44 VEH.-01 Family Protection endorsement - Limits are same as Section A

Grand Touring Solution Endorsement

APAB201E
200101.1

Payable premium ($)

Non-Responsive

President and Chief Executive Officer

Executive Vice President

767

Meloche Monnex
Insurance for professionals and alumni

APPLICANT COPY

Automobile Insurance Policy

Declarations - Alberta

READ CAREFULLY

Insurer Security National Insurance Company
Calgary, Alberta

Broker Meloche Monnex Financial Services Inc.
Alberta 1 800 268 8955

Policy No.	12487310	Replacing Policy No.

In consideration of the payment of the premium and of the statement contained in the application for insurance, the contract provides insurance as mentioned in item 4 of this certificate for which a premium is specified and no other.

Item 1 Named insured and postal address

ALLAUDIN MERALI

s.17(1), 17(4)(g)(i)

Item 2 Policy period

From (Y M D)	To (Y M D)
2005-12-28 *	2006-12-28 *

MODIFICATION — Effective date: 2006-04-12 *

* 12:01 A.M. standard time at the insured's address stated herein as to each of said dates

Veh(s)	Item 3 Particulars of the described automobile(s) (Year - trade name - model - cyl - serial no.)	
1	2006 MERCEDES BENZ ML500 SE 4DR 4W	4JGBB75E76A009518

Item 4

Insuring Agreements	Section A Third Party Liability	Section B Accident Benefits	Section C Loss of or Damage to Insured Automobile(s)			
	Legal Liability for Bodily Injury to or Death of any Person or Damage to Property	Payments for Death or Bodily Injury Uninsured Motorist	All Perils	Collision or Upset	Comprehensive	Specified perils
			Except for Loss or Damage by Fire or Lightning or Theft of the Entire Automobile. This Policy contains a Partial Payment of Loss Clause			
VEH. NO.	Non-Responsive		Amount deductible on each separate claim			
Limits and amounts ($) 1						
1						
Annual premium ($) 1	578	43		344	353	=1318
1						

Veh(s) — Name of lienholder or mortgagee to whom, jointly with the insured, loss if any, under section C of the insuring agreements is payable as their interests may appear.

Name of lienholder

Mortgage endorsement on reverse side

Classification: Veh. code | Terr. | Class/dr

net of payment made

Use of vehicle: Commute to work

Premium ($): 26

* Occasional driver - The vehicle will occasionally be driven by male driver(s) under 25 years of age.

Non-Responsive

Endorsements and modifications

Multi-product discount
Credit for 2 vehicles or more - On 2 policies - Included.
VEH.-01 Credit for antitheft - Included.
VEH.-01 Discount related to age group - Included.

SEF 43R VEH.-01 Limited waiver of depreciation
SEF 44 VEH.-01 Family Protection endorsement - Limits are same as Section A

Apr 1/06 to Dec 06
= $ 988.50

Grand Touring Solution Endorsement

APAB201E
200101.1

Return ($)

Non-Responsive

President and Chief Executive Officer

Executive Vice President

768

APPLICANT COPY

53315 5642

INVOICE

ALLUADIN MERALI

s.17(1), 17(4)(g)(i)

PAGE 1

Mercedes-Benz

Weber Motors Ltd.

5611 - 104 Street
Edmonton, Alberta T6H 2K1
TEL.: 431-5100 1-800-661-9985
FAX: 431-5144

SERVICE ADVISOR: 117 DON NICHOLS

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	ODOMETER IN/ OUT	TAG
201/723=PE	06	MERCEDES-BENZ ML500	4JGBB75E76A009518	s.17(1), 17(4)(g)(i)	21370/21371	

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	CUST. PAY LABOUR RATE	PAYMENT	INV. DATE
13APR06 IS	09MAY05	22AUG2009	16:30 09NOV06			CASH	09NOV06

R.O. OPENED	READY	OPTIONS: STK:M3981 DLR:WEBER ENG:11396430657440 TRN:72290100145952 AXL:1641751A009518 1)MODEL Z2
08:10 09NOV06	15:48 09NOV06	

LINE OPCODE TECH TYPE HOURS			LIST	NET	TOTAL
A PERFORM REQUIRED FSS					
001000 ASSYST, SERVICE OPERATIONS LIST A PERFORM					
65 CMB				128.70	128.70
101B LUBRICATION SERVICE, WITH REGULAR MAINTENANCE					
65 CMB				0.00	0.00
1 000-180-26-09 OIL FILTER			24.10	24.10	24.10
8 78880 5W30EURO.SYNTHETIC			6.99	6.99	55.92
1 010372M WWAF-35			3.99	3.99	3.99
PARTS: 84.01	LABOR: 128.70	OTHER: 0.00	TOTAL LINE A:		212.71
**********					
B BATTERY WARNING MESSAGE COMING ON					
541105 BATTERY FOR POWER OUTPUT AND CONDITION CHECK					
65 CMB				39.60	39.60
541135 BATTERY RECHARGE (AFTER CHECK)					
65 CMB				19.80	19.80
PARTS: 0.00	LABOR: 59.40	OTHER: 0.00	TOTAL LINE B:		59.40
**********					
C MERCEDES-BENZ RENTAL CAR PROGRAM $25.00 PER DAY ***PLUS FUEL CHARGE $5.00 PER DAY***					
10A MERCEDES-BENZ RENTAL CAR PROGRAM $25.00 PER DAY ***PLUS FUEL CHARGE $5.00 PER DAY***					
100 CMB				0.00	0.00
PARTS: 0.00	LABOR: 0.00	OTHER: 0.00	TOTAL LINE C:		0.00
**********					
D QUALITY CONTROL / TEST DRIVE					
QC QUALITY CONTROL / TEST DRIVE					
65 CMB				0.00	0.00
PARTS: 0.00	LABOR: 0.00	OTHER: 0.00	TOTAL LINE D:		0.00

Thank You For Your Business

SHOP SUPPLIES - ARE SMALL ITEMS NOT INDIVIDUALLY PRICED, USED TO REPAIR YOUR VEHICLE EG: SOLVENTS, NUTS, BOLTS, SUNDRYS LUBRICANTS ETC.

WE ARE DEDICATED TO EXCELLLENT SERVICE AND WE TRUST YOU WERE SERVED IN A COURTEOUS AND PROFESSIONAL MANNER. IF YOU HAVE ANY QUESTIONS, PLEASE NOTIFY YOUR SERVICE ADVISOR IMMEDIATELY.

DESCRIPTION	TOTALS
LABOUR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. / ENVIRON. CHGS	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

ALL ITEMS SUBJECT TO GST # R105805368

(MB) CUSTOMER COPY

APPLICANT COPY

53315

5642

INVOICE

Mercedes-Benz

Weber Motors Ltd.

ALLUADIN MERALI

s.17(1), 17(4)(g)(i)

5611 - 104 Street
Edmonton, Alberta T6H 2K1
TEL.: 431-5100 1-800-661-9985
FAX: 431-5144

SERVICE ADVISOR: 117 DON NICHOLS

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	ODOMETER IN/ OUT	TAG
201/723=PE	06	MERCEDES-BENZ ML500	4JGBB75E76A009518	s.17(1), 17(4)(g)(i)	21370/21371	

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	CUST. PAY LABOUR RATE	PAYMENT	INV. DATE
13APR06 IS	09MAY05	22AUG2009	16:30 09NOV06			CASH	09NOV06

R.O. OPENED	READY	OPTIONS: STK:M3981 DLR:WEBER ENG:11396430657440 TRN:72290100145952 AXL:1641751A009518 1)MODEL Z2
08:10 09NOV06	15:48 09NOV06	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER							8.81



Mercedes-Benz

GOODS & SERVICES TAX ---> R105608368 16.86

Thank You For Your Business

SHOP SUPPLIES - ARE SMALL ITEMS NOT INDIVIDUALLY PRICED, USED TO REPAIR YOUR VEHICLE EG: SOLVENTS, NUTS, BOLTS, SUNDRYS LUBRICANTS ETC.

WE ARE DEDICATED TO EXCELLLENT SERVICE AND WE TRUST YOU WERE SERVED IN A COURTEOUS AND PROFESSIONAL MANNER. IF YOU HAVE ANY QUESTIONS, PLEASE NOTIFY YOUR SERVICE ADVISOR IMMEDIATELY.

DESCRIPTION	TOTALS
LABOUR AMOUNT	188.10
PARTS AMOUNT	84.01
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. / ENVIRON. CHGS	8.81
TOTAL CHARGES	280.92
LESS INSURANCE	0.00
SALES TAX	16.86
PLEASE PAY THIS AMOUNT	297.78

ALL ITEMS SUBJECT TO GST # R105805368

(MB) CUSTOMER COPY

APPLICANT COPY

53315

3973

INVOICE

Mercedes-Benz
Weber Motors Ltd.
5611 - 104 Street
Edmonton, Alberta T6H 2K1
TEL.: 431-5100 1-800-661-9985
FAX: 431-5144

ALLUADIN MERALI

s.17(1), 17(4)(g)(i)

PAGE 1

SERVICE ADVISOR: 117 DON NICHOLS

COLOUR	YEAR	MAKE/MODEL	VIN	LICENSE	ODOMETER IN/ OUT	TAG
201/723=PE	06	MERCEDES-BENZ ML500	4JGBB75E76A009518	s.17(1), 17(4)(g)(i)	11154/11155	

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	CUST. PAY LABOUR RATE	PAYMENT	INV. DATE
13APR06 IS	09MAY05	22AUG2009	16:30 10JUL06			CASH	12JUL06

R.O. OPENED	READY	OPTIONS:
10:12 10JUL06	14:45 12JUL06	STK:M3981 DLR:WEBER ENG:11396430657440 TRN:72290100145952 AXL:1641751A009518 1)MODEL Z2

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A REPLACE DRIVER'S DOOR GLASS.			
671250 VEHICLE, GLASS SHARDS IN INTERIOR CLEAN (WITH BROKEN WINDOW)			
65 CMB		49.50	49.50
1 164-725-11-10 DOORGLASS	132.10	132.10	132.10
672251 LEFT SIDE WINDOW REPLACE			
65 CMB		198.00	198.00
670000 REPOLACE LEFT DOOR TRIM.			
65 CMB		0.00	0.00
1 164-690-00-87 ORNAMENTAL	90.80	90.80	90.80
PARTS: 222.90 LABOR: 247.50 OTHER: 0.00		TOTAL LINE A:	470.40
**********			
B CLEAN INTERIOR			
9004 CLEAN VEHICLE INTERIOR.			
100 CMB		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00		TOTAL LINE B:	0.00
**********			
C QUALITY CONTROL / TEST DRIVE			
QC QUALITY CONTROL / TEST DRIVE			
22 CMB		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00		TOTAL LINE C:	0.00
**********			
CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER			24.75

Mercedes-Benz

GOODS & SERVICES TAX ---> R105608368 29.71

Thank You For Your Business

SHOP SUPPLIES - ARE SMALL ITEMS NOT INDIVIDUALLY PRICED, USED TO REPAIR YOUR VEHICLE EG: SOLVENTS, NUTS, BOLTS, SUNDRYS LUBRICANTS ETC.

WE ARE DEDICATED TO EXCELLLENT SERVICE AND WE TRUST YOU WERE SERVED IN A COURTEOUS AND PROFESSIONAL MANNER. IF YOU HAVE ANY QUESTIONS, PLEASE NOTIFY YOUR SERVICE ADVISOR IMMEDIATELY.

DESCRIPTION	TOTALS
LABOUR AMOUNT	247.50
PARTS AMOUNT	222.90
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. / ENVIRON. CHGS	24.75
TOTAL CHARGES	495.15
LESS INSURANCE	0.00
SALES TAX	29.71
PLEASE PAY THIS AMOUNT	524.86

ALL ITEMS SUBJECT TO GST # R105805368

(MB) CUSTOMER COPY

PETRO-CANADA
5110 122 ST
EDMONTON
ALBERTA T6H 3S2

GST #: 810815076
PC0751373:0266901

2006-04-10 18:20

PUMP		07
SUPERCLEAN		
LITRES	L	28.130
PRICE/L	$	1.074
FUEL SALES	$	30.21*
TOTAL OWED	$	30.21
CREDIT	$	30.21
TOTAL PAID	$	30.21
* GST INCL.	$	1.98

VISA
**********8441
INVOICE 920131
AUTH 013279

THANK YOU

PETRO-POINTS
PURCHASE 302
BALANCE 384151

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

TOTAL FUEL SAVINGS
3.5 CENTS PER L

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS?!
- FOR ONE YEAR -

DID YOU SEE A
SERVICE HERO TODAY?

COMPLETE A SHORT
SURVEY AT

PETRO-CANADA.CA/HERO

OR
1-866-826-7779

****

PETRO-CANADA
5110 122 ST
EDMONTON
ALBERTA T6H 3S2

ALBERTA MOTOR ASSOC.CTF
11220-109 ST & KINGSWA
EDMONTON AB

GST #: 810815076
PC0865255:0266901

2006-06-25 17:10

CARD NUMBER	**********	PUMP	08	26382947
CARD TYPE	VISA	SUPERCLEAN		8564601
DATE/TIME	2006/04/12	LITRES	L 46.177	18:34
CLERK NUMBER	0230	PRICE/L	$ 1.074	
RECEIPT NUMBER	49215282 0	FUEL SALES	$ 49.59*	06
PURCHASE	----------	TOTAL OWED	$ 49.59	
TOTAL AMOUNT	$55.63	CREDIT	$ 49.59	
	----------	TOTAL PAID	$ 49.59	
01 APPROVED - 027		AU* GST INCL.	$ 3.24	

THANK YOU

VISA
**********8441
INVOICE 958926
CARDHOLDER COI AUTH 009784

THANK YOU

PETRO-POINTS
PURCHASE 496
BALANCE 424483

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

TOTAL FUEL SAVINGS
3.5 CENTS PER L

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS?!
- FOR ONE YEAR -

DID YOU SEE A
SERVICE HERO TODAY?

COMPLETE A SHORT
SURVEY AT

PETRO-CANADA.CA/HERO

OR
1-866-826-7779

****

CANADA
2 SOUTH
DEER
T4E 1B1

	L	70.231
	$	1.109
S	$	77.89*
D	$	77.89
	$	77.89
D	$	77.89
L.	$	5.10

K***8441
786281
34752

NK YOU

O-POINTS
779
384930

JS POINTS ***
ICABLE, WILL
DATED LATER

ANK YOU
A GOOD DAY

****
FREE GAS?!
ONE YEAR -

YOU SEE A
E HERO TODAY?

LETE A SHORT
URVEY AT

-CANADA.CA/HERO

OR
866-826-7779

****

APPLICANT COPY

[redacted]
EDMONTON
ALBERTA T6H2K7

GST #: 838701074
PC0823095:8442201

2006-04-01 18:38

PUMP		05
SUPERCLEAN		
LITRES	L	22.763
PRICE/L	$	1.074
FUEL SALES	$	24.45*
THE BASICS	$	6.99
WORKS-BEST VALUE	$	2.00
GST	$	0.63
TOTAL OWED	$	34.07
CREDIT	$	34.07
TOTAL PAID	$	34.07
* GST INCL.	$	1.68

VISA
**********8441
INVOICE 095456
AUTH 056495

THANK YOU

PETRO-POINTS
PURCHASE 334
BALANCE 382049

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER
[redacted]

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS!!
- FOR ONE YEAR -

DID YOU SEE A
SERVICE HERO TODAY?

COMPLETE A SHORT
SURVEY AT

PETRO-CANADA.CA/HERO

PETRO-CANADA
5118 122 ST
EDMONTON
ALBERTA T6H 3S2

GST #: 865143564
PC0747648:0266901

2006-03-30 21:25

PUMP		06
SUPERCLEAN		
LITRES	L	52.960
PRICE/L	$	1.074
FUEL SALES	$	56.88*
TOTAL OWED	$	56.88
CREDIT	$	56.88
TOTAL PAID	$	56.88
* GST INCL.	$	3.72

VISA
**********8441
INVOICE 917723
AUTH 056369

THANK YOU

PETRO-POINTS
PURCHASE 569
BALANCE 381715

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER
[redacted]

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS!!
- FOR ONE YEAR -

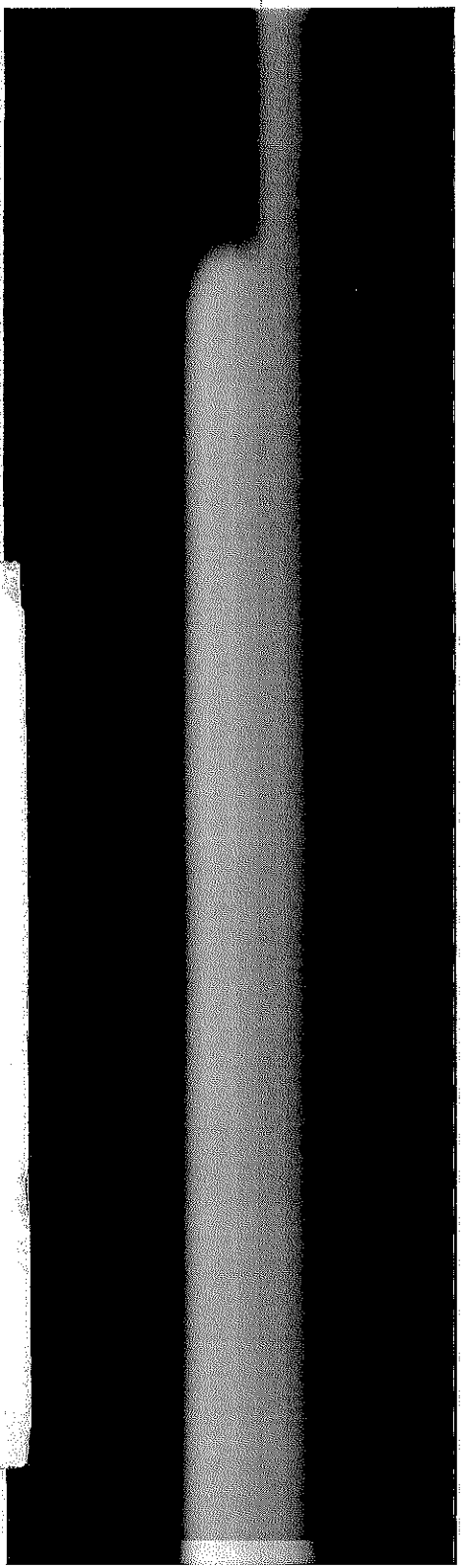
DID YOU SEE A
SERVICE HERO TODAY?

Bubbles Car Wash
10538 82AVE
3:18pm 4-07-06
SHIFT# 1 TERMINAL# 1
SLSMN# 1

BASIC Wsh	24.95
SALES TAX:	1.75
TOTAL $:	26.70
POS	26.70

IF YOU HAVE ANY
CONCERNS / QUESTIONS
PLEASE CONTACT OUR
MNGR, JENNIFER ROY
AT 433-1540

THANK YOU AND
HAVE A GREAT DAY
WWW.BUBBLES.CA
GST#121678759



DUPLICATE DUPLICATE DUPLICATE

PETRO CANADA
5110 122 ST
EDMONTON
Alberta T6H 3S2

GST: 810815076 (780) 434-4049
2006-04-25 PC0761030:0266301 16.39

FUEL	(L)	($/L)	($)
Pump 2			
SuperClean	73.546	1.104	[illegible]

Total Owed $ [illegible]

CREDIT CARD [illegible]

Total Paid $ [illegible]

Taxes on 73.546 Litres of [illegible]
FET: $0.1000/L = $7.35
PFT: $0.0500/L = $3.62
GST: 7.00% = $5.60
Total Taxes: = 16.57

*TAXES INCL. [illegible]

TERMINAL: [illegible] OPER: A

DUPLICATE DUPLICATE DUPLICATE

VISA ************[illegible]
INVOICE 925906
AUTHORIZATION [illegible]

Thank you

PETRO-[illegible]

PURCHASE ACC [illegible]
BALANCE 387554

[redacted]

Thank You
Have a good day

****
WIN FREE GAS!!
- for one year -

Did you see a Service Hero today?

Complete a short survey at:

petro-canada.ca/hero
Or

1-866-826-7779

****

ESSO EXPRESS PASS

MAC,S
14703 40TH AVE
EDMONTON AB.

Site #: 88884519
2006/04/30 19:34
Visa
**** **** **** 5997

AuthN 879171
Inv # TUNA
Credit
Pump #07
Litres
[illegible]

[illegible]
Total
GST Included

Customers will pay cash amount for Cardlock Acceptance
R1883-5203

PETRO-CANADA
5110 122 ST
EDMONTON
ALBERTA T6H 3S2

GST #: 810815076
PC0770877:0266901

2006-05-08 15:19

PUMP	04
SUPERCLEAN	
LITRES	L 82.184
PRICE/L	$ 1.104
FUEL SALES	$ 90.73*
TOTAL OWED	$ 90.73
CREDIT	$ 90.73
TOTAL PAID	$ 90.73
* GST INCL.	$ 5.94

VISA
**********5997
INVOICE 931286
AUTH 084072

THANK YOU

PETRO-POINTS
PURCHASE 907
BALANCE 389669

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

[redacted]

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS!!
- FOR ONE YEAR -

DID YOU SEE A
SERVICE HERO TODAY?

COMPLETE A SHORT
SURVEY AT

PETRO-CANADA.CA/HERO

OR
1-866-826-7779

****

PETRO-CANADA
5110 122 ST
EDMONTON
ALBERTA T6H 3S2

GST #: 810815076
PC0757566:0266901

2006-04-19 21:42

PUMP 05
SUPERCLEAN
LITRES L 63.59
PRICE/L $ 1.164
FUEL SALES $ 74.03*

TOTAL OWED $ 74.03

CREDIT $ 74.03

TOTAL PAID $ 74.03

* GST INCL. $ 4.84

VISA
**********5997
INVOICE 923697
AUTH 071272

THANK YOU

PETRO-POINTS
PURCHASE 740
BALANCE 386698

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

[redacted]

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS!!
- FOR ONE YEAR -

DID YOU SEE A

APPLICANT COPY

BUBBLES CARWASH - JASP LTD
11614 JASPER AVE T5K0N2
EDMONTON AB
2213605

PURCHASE

04-21-2006 09:41:47
Acct # ....0441 S
Exp Date 02/09 Card Type VI
Name: ALLAUDIN MERALI

T22136051001
Auth # 046065 RRN 001154016

Total $43.82

Customer copy

HAVE A GREAT DAY
WWW.BUBBLES.CA
GST#121678833

06
1

.95
.00
.87
.82
.82
0.

DNS
JR
ER

Bubbles Car Wash
10538 82AVE
8:24am 5-15-06
SHIFT# 1 TERMINAL# 1
SLSMN# 1

BASIC Wsh	24.95
SUV/TRK/VAN	4.00
Early Bird	-5.00
SALES TAX:	1.68
TOTAL $:	25.63
POS	25.63

IF YOU HAVE ANY
CONCERNS / QUESTIONS
PLEASE CONTACT OUR
MNGR, JENNIFER ROY
AT 433-1540

THANK YOU AND
HAVE A GREAT DAY
WWW.BUBBLES.CA
GST#121678759

top copy-customer | Mid copy-merchant

PETRO-CANADA
8330 82 AVENUE
EDMONTON
ALBERTA T6C 0Y6

GST #: 0876365404
PC0073943:8594801

2006-05-15 08:08

PUMP 05
SUPERCLEAN
LITRES [illegible]153
PRICE/L [illegible]04
FUEL SALES [illegible]10*

TOTAL OWED $ [illegible]4.40

CREDIT $ 84.40

TOTAL PAID $ 84.40

* GST INCL. $ 5.52

VISA
**********5997
INVOICE 627586
AUTH 049126

THANK YOU

PETRO-POINTS
PURCHASE 844
BALANCE 397340

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER
YOUR FUEL SAVINGS
3.5 CENTS PER L

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS!!
- FOR ONE YEAR -

DID YOU SEE A
SERVICE HERO TODAY?

COMPLETE A SHORT
SURVEY AT

PETRO-CANADA.CA/HERO

OR
1-866-826-7779

****

PETRO-CANADA
5110 122 ST
EDMONTON
ALBERTA T6H 3S2

GST #: 810815076
PC0780567:0266901

2006-05-21 19:51

PUMP 05
SUPERCLEAN
LITRES L 74.969
PRICE/L $ 1.104
FUEL SALES $ 82.77*

TOTAL OWED $ 82.77

CREDIT $ 82.77

TOTAL PAID $ 82.77

* GST INCL. $ 5.41

VISA
**********8441
INVOICE 936841
AUTH 036306

THANK YOU

PETRO-POINTS
PURCHASE 828
BALANCE 403714

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER
YOUR FUEL SAVINGS
3.5 CENTS PER L

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS!!
- FOR ONE YEAR -

DID YOU SEE A
SERVICE HERO TODAY?

COMPLETE A SHORT
SURVEY AT

PETRO-CANADA.CA/HERO

OR
1-866-826-7779

****

APPLICANT COPY

DUPLICATE DUPLICATE DUPLICATE

PETRO-CANADA
5110 122 ST
EDMONTON
Alberta T6H 3S2

GST: 0810815076 (780) 434-4949
2006-05-28 PC0785331:0266901 20:04

FUEL	(L)	($/L)	($)
Pump 6			
SuperClean	55.961	1.094	61.22*

Total Owed $ 61.22

CREDIT CARD [illegible]
Total Paid $ 61.22

Taxes on 55.901 Litres of SuperClean Fuel
FET: $0.1000/L = $5.60
PFT: $0.0900/L = $5.04
GST: 7.00% = $4.01
Total Taxes: = 14.65

*TAXES INCL. #TAXES EXCL.

TERMINAL: 02026690I OPER: A

DUPLICATE DUPLICATE [illegible]

VISA **********8441
INVOICE 939593
AUTHORIZATION 037677

Thank you

PETRO-POINTS
PURCHASE 612
BALANCE 413132

TOTAL FUEL SAVINGS
* 5 cents per litre

Thank You
Have a good day

****
WIN FREE GAS!!
- for one year -

PETRO-CANADA
5110 122 ST
EDMONTON
ALBERTA T6H 3S2

GST #: 0810815076
PC0793947:0266901

2006-06-09 21:01

PUMP		06
SUPERCLEAN		
LITRES	L	77.680
PRICE/L	$	1.094
FUEL SALES	$	84.98*
TOTAL OWED	$	84.98
CREDIT	$	84.98
TOTAL PAID	$	84.98
* GST INCL.	$	5.56

VISA
**********8441
INVOICE 944487
AUTH 044313

THANK YOU

PETRO-POINTS
PURCHASE 850
BALANCE 422087

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

TOTAL FUEL SAVINGS
5 CENTS PER L

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS!!
- FOR ONE YEAR -

DID YOU SEE A

APPLICANT COPY

BUBBLES CARWASH JASP
11614 JASPER AVE T5K0N2
EDMONTON AB
22136051

PURCHASE

06-19-2006 09:41:46
Acct # ************8441 S
Exp Date 02/09 Card Type VI
Name ALLAUDIN MERALI

T22136051001
Auth # 061468 RRN 001205023

Total $38.47

Customer copy

THANK YOU AND
HAVE A GREAT DAY
WWW.BUBBLES.CA
GST#121670833

PETRO-CANADA
5110 122 ST
EDMONTON
ALBERTA T6H 3S2

GST #: 0819815076
PC0800880:0266981

2006-06-19 16:52

PUMP 07
SUPERCLEAN
LITRES L 67.570
PRICE/L $ 1.074
FUEL SALES $ 72.57*

TOTAL OWED $ 72.57

CREDIT $ 72.57

TOTAL PAID $ 72.57

* GST INCL. $ 4.75

VISA
**********5997
INVOICE 948466
AUTH 070765

THANK YOU

PETRO-POINTS
PURCHASE 726
BALANCE 423987

*** BONUS POINTS ***
IF APPLICABLE, WILL
BE UPDATED LATER

[redacted]

THANK YOU
HAVE A GOOD DAY

****
WIN FREE GAS!!
- FOR ONE YEAR -

DID YOU SEE A
SERVICE HERO TODAY?

COMPLETE A SHORT
SURVEY AT

PETRO-CANADA.CA/HERO

OR
1-866-826-7779

****